DOCUMENT RESUME

ED 130 705 JC 760 585

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TITLE Community Health Education Consortia (CHEC) Feasibility Study of Northeast Central Nebraska. Final Report.
INSTITUTION Platte Technical Community Coll., Columbus, Nebr.
PUB DATE Jun 74
NOTE 105p.; Some pages in appendices may reproduce poorly

EDRS PRICE MF-$0.83 HC-$6.01 Plus Postage.
DESCRIPTORS *Consortia; *Feasibility Studies; *Health Occupations Education; Health Personnel; Hospitals; *Inservice Education; *Needs Assessment; Nursing Homes; Professional Continuing Education
IDENTIFIERS Nebraska; Nebraska Regional Medical Program

ABSTRACT

This study sought to determine the extent of existing in-service education programs in health care available in northeast central Nebraska and to determine if there was a need for a Community Health Education Consortium (CHEC). Two questionnaires were developed for the study and were mailed to hospitals and nursing homes in a 22 county area; 86% (22) of the hospitals and 60% (28) of the nursing homes surveyed responded. Information was gathered on hospital/nursing home facilities, patient flow, backgrounds and responsibilities of administrators and nursing directors, numbers of specified professional and non-professional personnel, current in-service education activities, and in-service education needs. It was concluded that there was a substantial need for a CHEC that would organize and strengthen available educational offerings. Although hospital and nursing home expansion were projected to be minimal in the future, licensing requirements, retirements, promotions, and turnover were anticipated to result in continuing demand for relevant educational programming in the health care area. Survey instruments and related feasibility study materials are appended. (Author/JDS)

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PLATTE TECHNICAL COMMUNITY COLLEGE

COMMUNITY HEALTH EDUCATION CONSORTIA (CHEC) FEASIBILITY STUDY OF NORTHEAST CENTRAL NEBRASKA

A Final Report Submitted to
The Nebraska Regional Medical Program

by
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and
Mary Lou Holmberg, B.S.N., R.N., Project Co-Director

June, 1974

JC 760 585

ACKNOWLEDGEMENT

This study could not have been completed without the talents and energy expended by many individuals. Mrs. Phyllis Wragge is to be complimented for the superb job she did on typing and duplicating the questionaire instrument. During the survey work Mrs. Alice Plettner fought ice, snow, and other types of inclement weather to visit with hospital and nursing home administrators, directors of nursing, and in-service directors. She (Mrs. Plettner) was also kind enough to provide administrators with return postage when ours was inadvertently omitted from the envelopes.

I would like to greatly acknowledge the time taken by hospital and nursing home personnel in completing the questionaire instrument and in visiting with the project team. In addition, I would like to personally thank the entire NRMP staff for their continued support in the project and their optimism that the funding would be available to create another CHEC. The three CHEC directors, Mr. Ward Schrack, Dr. Byron Fox, and Mrs. Barbara McDaniel should not go unmentioned for their suggestions on the study and helping us learn from their experience.

My Co-Director, Mrs. Mary Lou Holmberg provided continual guidance to the project and helped me gain a better understanding of the operation of hospitals and nursing homes. She also provided technical assistance in proofreading the first draft of the report.

Last, but not least, a big thank you to Mrs. Linda Randles who did an excellent job of typing and re-typing the report and in the process learned to read my handwriting.

Ronald M. Hutkin

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PART I

INTRODUCTION

Platte Technical Community College (PTCC) was designated by the Nebraska Regional Medical Program (NRMP) to conduct the CHEC feasibility study in Northeast Central Nebraska. A copy of the proposal submitted to NRMP by PTCC appears in Appendix A. The original proposal called for a survey of hospitals and nursing homes of a 19 county area; however, it was later expanded to a 22 county area. A listing of hospitals and nursing homes surveyed appears in Appendix B.

To conduct the survey, two forms of a six part instrument were developed. The organization of the instruments coincides with the objectives of the feasibility study. A copy of the hospital and nursing home instruments appear in Appendix C. The instruments differ to the extent that the operation of hospitals and nursing homes differ.

Questionaires were mailed to hospitals and nursing homes accompanied by a letter of transmittal.[1] Mrs. Alice Plettner visited hospitals and nursing homes in 19 counties, (Mrs. Mary Lou Holmberg accompanied her on some visits) and Dr. Ronald M. Hutkin visited hospitals and nursing homes in the remaining 3 counties. Additional comments were recorded after each visit by the surveyor. The additional comments appear in Appendix E. Questionaires continued to be received until April 19. At that time, we had received 22 from hospitals and 32 from nursing homes.

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[1] Appendix D.

PART II

FINDINGS

In this portion of the report, the findings that relate to each part of the questionaire are discussed. The data were analysed on the basis of the number of usable returned questionaires. The number of usable questionaires from hospitals were 22 of 27 (86%) and for nursing homes 28 of 47 (60%). Four nursing home administrators returned the questionaires blank with a note attached stating that they did not wish to participate in the study. In addition, one questionaire was returned by a hospital administrator after the cut-off date had been established.

In most instances the findings for hospitals and nursing homes will be discussed together for the purpose of comparisons and contrasts. It should be noted that the respondent's anonymity was guaranteed throughout the analysis and reporting of the data. Hospital and nursing home administrators are referred to as members of the respective groups and not by name. In dealing with the data, nominal and ordinal measurement techniques were employed. As a result, the findings were presented in descriptive and tabular form using frequencies, percentages and simple arithmetic means.

BACKGROUND INFORMATION

The first background information question was on hospital and nursing home data, specifically the name and date the institution was founded. The average age of the hospital facilities was 20 years, and the average age of the nursing home facilities was 10 years. This finding is consistent with the emphasis of dealing with the older citizen in recent years. Questions

pertinent to hospital and nursing home administrators and their educational background appear next on the questionaire. These two questions were organized into Table 1.

TABLE 1

ADMINISTRATION DATA

	HOSPITALS		NURSING HOMES	
	MEN N=15	WOMEN N=5	MEN N=17	WOMEN N=9
Average Age	35	56	46	47
Average Years Experience	2	15	4	7
Degree/Certificate:				
A.S. or A.A.			2	
B.S. or B.A.	11		3	3
M.S. or M.A.			1	
M.D.	1			
R.N.	1	1		3
L.P.N.				1
Omitted	4	4	12	3

Table 1 presents the data according to a men/women distribution. One is not too surprised to find that the men outnumber women in administrative positions by three to one in hospitals and two to one in nursing homes. The average age was also significantly different among men and women hospital administrators. Women administrators in both hospitals and nursing homes were usually affiliated with non-profit religious institutions (e.g., nuns).

The last question on the background information was administrator's responsibilities which are demanding of time and skill. The responses were grouped and treated according to a technique developed by Gould, which works as follows:

> For each category reported by the respondents the percentage listing it in first place was multiplied by four, in second place by three, in third place by two, and in fourth place by one, and the sum of these products was then divided by four. By this method, if 100 percent of the respondents listed the same responsibility as first most demanding of time, the yield was an index of 100; if 1 percent listed the responsibility as fourth most demanding of time and none listed it as first, second, or third, the yield was an index of .25. Thus, the range for a given responsibility is from 125 to 100, which made possible a comparison in terms of the relative amount of time demanded by a given responsibility, the relative amount of administrative skill believed necessary and the total demand of that responsibility as reflected by the sum of the two indices.[2]

Table 2 contains combined indices for hospital administrators and Table 3 the combined indices for nursing home administrators. A perusal of the two tables indicates there are responsibilities which are ranked approximately the same e.g., "personnel management and problems," and "government and regulatory agencies." On the other hand, there are responsibilities which are ranked markedly different e.g., "fiscal management" and "public relations."

In nursing homes, fiscal management is a function of a corporation or a religious organization rather than a local function. Nursing home care differs from hospital care in that it is usually long term with the goal being to create a home-like environment. The difference in mission of the two types of institutions would understandably create different approaches

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[2]John Wesley Gould, The Academic Deanship, (New York: Bureau of Publications, Teachers College, Columbia University, 1964), p. 109.

TABLE 2

COMBINED INDICES OF CURRENT RESPONSIBILITIES
MOST DEMANDING OF HOSPITAL ADMINISTRATORS'
TIME AND SKILL
N = 22

RESPONSIBILITY	TIME	SKILL	INDEX
Fiscal Management	37	44	81
Personnel Management and Problems	46	24	70
Government and Regulatory Agencies	22	32	54
Purchasing	20	23	43
Surgery, Emergency and Medical Staff	20	17	37
Problem Solving	9	22	31
Daily Operations and Correspondence	25	5	30
Public Relations	4	20	24
Board Relations	3	16	19
Teaching and In-Service	8	7	15
Organization, Development and Planning	9	5	14

TABLE 3

COMBINED INDICES OF CURRENT RESPONSIBILITIES MOST DEMANDING OF NURSING HOME ADMINISTRATORS' TIME AND SKILL

N = 28

RESPONSIBILITY	TIME	SKILL	INDEX
Government and Regulatory Agencies	16	48	64
Daily Operations and Problems	30	31	61
Personnel Management and Problems	22	30	52
Public Relations	25	15	40
Nursing Care	24	9	33
Purchasing	10	16	26
Board Relationships	17	9	26
Teaching and In-Service	10	15	25
Problem Solving	6	18	24
Fiscal Management	15	9	24
Medical Staff and Medications	3	19	22
Supervision and Scheduling	10	9	19
Surgery and Emergency	4	2	6
Diets	1	1	2

to public relations and its relative importance in operating a successful nursing home.

The time/skill matrix also yields information concerning in-service topics which would be relevant to the needs of hospital and nursing home administrators. That is, any skill index which is greater than 20 is a relevant topic. As skill increases as a result of courses and experience, work will become more efficient. Thus, a more equitable time distribution for the many facets of administrative tasks will occur.

INSTITUTIONAL DATA

The second major part of the questionaire was on institutional data. Specifically, facilities, organizational memberships and patient flow. Data on these institutional aspects are presented in Tables 4, 5 and 6.

As can be readily seen in Table 4, the number of the facilities planned within the next five years will be minimal. In fact, in each facility entry for hoppitals and nursing homes, less than 10 per cent growth is projected. However, one could get a clearer picture of the total number of beds in hospitals and nursing homes by calculating the average number of units per institution and multiplying it times the number of nonrespondents. For example, the current reported number of hospital beds would increase from 1234 to 1514 (average 56 bed count times 5 nonrespondents). Similarly, the average number of skilled and moderate care beds in nursing homes are 14 and 63 respectively. There were 19 nursing home questionaires which were not returned. Thus, the current number of skilled care beds would be 652 and the current number of moderate care beds would be 2956.

TABLE 4

HOSPITAL FACILITIES

FACILITIES	PRESENT	PROJECTED 1977-79
Number of Surgery Rooms	33	36
Number of Recovery Rooms	9	14
Number of X-Ray Rooms	30	33
Number of Laboratories	22	23
Total Number of Beds	1234	1249
Total Number of Bassinets	159	159
Number of Emergency Room(s)	28	33
Number of Delivery Rooms	25	25
Number of Extended Care Facility Beds	284	284
Pharmacy	15	—
Maintenance Facility	19	—
Classrooms for In-Service Education	14	—
Gift Shop	11	—
Intensive Care Unit	14	—
NURSING HOME FACILITIES		
Number of Beds:		
Skilled Care	386	386
Moderate Care	1759	1804
Maintenance Facility	21	—
Classrooms for In-Service Education	22	—
Gift Shop	6	—

TABLE 5

HOSPITAL MEMBERSHIPS

AGENCY OR ORGANIZATION	NO. HOLDING MEMBERSHIP
Joint Commission on Accredited Hospitals	11
Nebraska Hospital Association	21
American Hospital Association	14
National League of Nursing	1
Catholic Hospital Association	4
Lutheran Hospital Association	1
American Psychiatric Association	1

NURSING HOME MEMBERSHIPS

Nebraska Nursing Home Association	17
American Nursing Home Association	15
American College of Nursing Home Administrators	3
Nebraska Association of Homes for the Aged	6
American Association of Homes for the Aged	6

TABLE 6

COMBINED PATIENT FLOW DATA
FOR HOSPITALS AND NURSING HOMES

HOSPITAL PATIENT FLOW	TOTAL	NUMBER REPORTING
Patients Admitted	33,248	20
Daily Average	546	19
Operations	9,259	18
Births	2,845	19

NURSING HOME PATIENT FLOW	TOTAL	NUMBER REPORTING
Residents Admitted	1096	22
Daily Average	1944	28
Daily Average On:		
Retarded	171	21
Senile Geriatrics	634	19
Geriatric	831	22
Other	96	6

Organizational memberships are displayed in Table 5. One half of the hospitals are accredited by the Joint Commission, while 21 of 22 are members of the Nebraska Hospital Organization. These are understandable distributions when considering that the criteria of the Joint Commission are rather stringent. Hospital administrators seem to view the accreditation by the Joint Commission as a very desirable goal for the hospital to achieve. In regard to nursing home organizations, a somewhat different situation exists. The CHEC feasibility study team found differences among the profit and nonprofit nursing homes and their affiliated organizations. The profit homes generally carried membership in NNHA and ANHA, while the nonprofit homes have strong affiliations in the Nebraska Associationof Homes for the Aged and the American Association of Homes for the Aged. Administrators of the nonprofit homes within driving distance of Lincoln and Omaha reported that they are quite satisfied with the in-service workshops and educational programming conducted by the nonprofit associations. However, the nonprofit homes in the Sand Hills area of the state, particularly those in Rock, Brown and Holt counties, did not belong to the nonprofit associations. Administrators of these homes stated they are too far from the educational service centers and programs carried on by the nonprofit association.

They alluded to the fact that it is not operationally possible to travel great distances to Lincoln or Omaha with three or four of their key people. It would leave them without adequate staff to conduct business.

The survey team also determined that hospitals are generally more active in Nebraska Regional Medical Program shared groups than are nursing homes. This situation is due partly to the fact that nonprofit homes within driving range of Lincoln and Omaha participate in nonprofit organization in-service, partly due to the fact that the operation of hospitals and

nursing homes differ and partly due to the fact that shared groups, particularly the Sand Hills group were started for hospitals only. The shared group CHEC concept appears to be a viable approach to meeting the in-service and continuing education needs of the hospitals and nursing homes, thus, it seems reasonable to conclude that shared groups working through a CHEC should be established for not only hospitals, but also nursing homes within the 22 counties of Northeastern Central Nebraska.

Details of patient flow as displayed in Table 6 are supplemented by CHP patient flow which appears in Appendix F. It becomes evident from studying the patient flow patterns that the Norfolk, Columbus, and Fremont areas are the major health care centers in this part of the state.

Tables 7 and 8 present the time and skill matrices for the directors of nursing responsibilities. In comparing the time skill matrices several observations can be made. In the first five entries there are three common responsibilities i.e., "nursing care," "teaching and in-service," and "staff relations". The first entry for hospitals "supervidion of nursing care" and for nursing home "nursing care" clearly reflects the differences in the modus operandi between the two types of directors. In nursing homes, directors take a much more active role in the actual care of residents, because they are usually the ones with the most technical competence. As a result of the charge aide requirement April 1, 1974, the director in nursing homes will probably assume a role which is more supervisory in nature.

In regard to teaching and in-service one would think that it should have a higher time index. The relatively low index indicates that in-service

TABLE 7

COMBINED INDICES OF CURRENT RESPONSIBILITIES
MOST DEMANDING OF HOSPITAL DIRECTORS OF NURSING
TIME AND SKILL

N = 22

RESPONSIBILITY	TIME	SKILL	INDEX
Supervision of Nursing Care	79	60	139
Hiring and Staffing	36	24	61
In-Service Training	15	45	60
Record Keeping and Scheduling	84	15	49
Public Relations and Staff Relations	24	23	47
Policy Making	20	21	41
Fiscal Management	7	5	12
Problem Solving	2	10	12

TABLE 8

COMBINED INDICES OF CURRENT RESPONSIBILITIES MOST DEMANDING OF NURSING HOME DIRECTORS OF NURSING TIME AND SKILL

N = 28

RESPONSIBILITY	TIME	SKILL	INDEX
Nursing Care	49	56	105
Teaching and In-Service	19	24	43
Diets and Meals	21	19	40
Correspondence and Federal Forms	24	8	32
Staff Relations	17	14	31
Supervision of Nursing Care	6	9	15
Record Keeping and Scheduling	10	1	11
Policies and Organization	—	9	9
Problem Solving	1	7	8
Public Relations	5	3	8
Fiscal Management	—	4	4

is somewhat informally done and conducted when time permits, or as needed rather than regularly scheduled. This is a function that does require considerable skill. Again this finding gives credence to the value of establishing a CHEC. In these matrices we see an apparent difference in the public relations function (and the converse of what hospital and nursing home administrators reported). However, in hospitals, directors of nursing perform more of a public relations function with families of patients than do hospital administrators, and nursing home administrators currently perform the major part of public relations because of their involvement with families, e.g., admitting, and explaining care and rates.

The matrices also indicate topics worthy of in-service or workshop treatment. Any item with a skill index greater than twenty should be covered. As a complement to technical content for in-service and workshops, sessions on teaching techniques and organization of subject matter appear to be needed.

In regard to the educational background of the directors of nursing and in-service directors in hospitals and nursing homes, a composite can be described. In hospitals, the director of nursing has gone through a diploma program, has an average of 11 years experience as a staff nurse, 9 years experience as a supervisor and has 5 years of experience as a director of nursing. The typical nursing director reported to either the hospital administrator or the assistant hospital administrator.

A large majority of the nursing directors in nursing homes graduated from a nursing diploma program. As a group, they had an average of 6 years experience as a staff nurse, 5 years experience as a supervisor and 3 years experience as a director of nursing.

It should be noted that as a group, hospital nursing directors are more experienced than their counterparts in nursing homes. They are generally better paid and their educational level appears to be about the same.

The data also revealed that in-service directors in both hospitals and nursing homes had similar educational backgrounds. Most graduated from a diploma nursing program with only a few holding the B.S.N. degree or higher.

The last question on institutitional data pertained to the operation of nursing homes. The data appears in Table 9. This question did not appear on the hospital questionaire because those institutions are not subjected to the same type and required frequency of activities entered in Table 9. After reviewing the frequency of occurance of the required operational aspects, it becomes clear why the time/skill entries of government and regulatory agencies and daily operations and problems were so high.

HEALTH MANPOWER DATA

The third major section of the questionaire was on manpower data. For the purpose of ordering the various types of personnel employed in hospitals and nursing homes, major occupational categories were established. Hospital personnel were grouped according to professional, non-professional, and clerical, while nursing home personnel were grouped according to professional, and non-professional. Respondents were asked to record the number of full time (FT), part time (PT), and consultant (C) personnel presently employed, along with projected FT, PT, and C employees for 1977. Categorical totals for the number of employees reported by hospital and nursing home administrators appear

TABLE 9

NURSING HOME OPERATION

N = 28

	D	W	M	Q	SA	A	OM
Utilization Review Committee			5	2	2	3	16
Skilled patient review by physician			5	2			21
Fire Inspection			3	13	6	5	1
Fire Drill			20	5		2	1
State Department of Health Inspection				3	7	16	2
Nurse Consultant Visits			4		3	7	11
Normalization or educational program for retarded.	1	2					25
Spiritual care	8	18					2
Welfare Review Team				4	6	9	9
Pharmacy consultant visits		6	12	5			5
Dietitian consultant visits		8	6				14
Moderate patient recertification			7	4			17

DESCRIPTORS: D=Daily, W=Weekly, M=Monthly, Q=Quarterly, SA=Semi-Annually, A=Annually, OM=Omitted

in Tables 10 and 11. Complete manpower grids appear in Appendix G. As complementary data, the hospitals and nursing homes are grouped according to type of operation.

On the left side of the tables current totals appear in terms of 22 responding hospitals and 28 responding nursing homes. These totals were added to the calculated non-respondent estimates. The non-respondent column was calculated on the basis of the average number of personnel per category/per institution.(e.g., 590 FT hospital professionals/22 reporting institutions = 27 FT people/per hospital. 27 x 5 non-respondents = 135 + 590 = 725). The respondent/non-respondent calculations provide a clearer picture of the number of health care personnel currently employed. Similar projections for 1977 were not calculated because of factors that were not controlled on the instrument. Specifically the reason for the projected need in regard to expansion, retirement, promotion, and turnover. These data will be available in the future through the State Department of Vocational Education and will be arranged geographically according to the six technical community college areas.

Data were further analyzed according to FT, PT, and C personnel working in Dodge, Madison, and Platte counties. An average of 75 percent of FT hospital professionals, non-professionals, and clerical workers are employed in hospitals within these three counties, while an average of 50 percent of the FT nursing home professionals and non-professionals are working in these counties. The PT combined percentages for hospitals and nursing homes are 34 and 73 respectively. Combined C personnel in nursing homes yield an average of 37 percent employed in the three counties. Nursing homes, by

TABLE 10

HOSPITAL MANPOWER
AND TYPE OPERATION

	CURRENT						PROJECTED 1977		
	RESPONDENTS (N=22) + NONRESPONDENTS (N=5)						RESPONDENTS (N=22)		
	FT	PT	C	FT	PT	C	FT	PT	C
PROFESSIONAL	590	368	136	725	453	166	638	399	142
Dodge	105	48	2						
Madison	183	34	10						
Platte	39	49	1						
Total %	327 (55%)	131 (36%)	12 (9%)						
NON-PROFES-SIONAL	516	522	—	566	574	—	600	513	--
Dodge	148	37	--						
Madison	294	46							
Platte	46	56	—						
Total %	488 (95%)	139 (27%)	--						
CLERICAL	160	70	--	195	85	—	185	76	--
Dodge	29	3	--						
Madison	81	4	--						
Platte	12	20	—						
Total %	122 (76%)	27 (39%)							

HOSPITAL TYPE

	RESPONDENTS	NONRESPONDENTS	TOTAL
State	1	—	1
County	5	1	6
City	1	2	3
Profit	1	—	1
Non-Profit	14	2	16
Total	22	5	27

TABLE 11

NURSING HOME MANPOWER
AND TYPE OPERATION

	CURRENT						PROJECTED 1977		
	RESPONDENTS (N=28) + NONRESPONDENTS (N=19)						RESPONDENTS (N=28)		
	FT	PT	C	FT	PT	C	FT	PT	C
PROFESSIONAL	140	61	142	235	99	237	160	130	189
Dodge	30	17	11						
Madison	37	35	9						
Platte	10	6	13						
Total %	77 (53%)	58 (95%)	33 (23%)						
NON-PROFESSIONAL	611	525	12	1029	886	20	711	586	12
Dodge	99	106	2						
Madison	146	72	4						
Platte	43	88	--						
Total %	288 (47%)	266 (51%)	6 (50%)						

NURSING HOME TYPE

	RESPONDENTS	NONRESPONDENTS	TOTAL
City	5	--	5
State	1	--	1
Profit	13	14	17
Non-Profit	9	5	14
Total	28	19	37

nature of their operation and scattered and rural locations, require more consultants than do hospitals. That is, they cannot justify, or afford, full time physicians, pharmacists, physical therapists, speech therapists, and occupational therapists. However, skilled homes will be required to have the services of these type of consultants on a regularly scheduled basis. In subsequent years we will probably see the itinerant consultant who works with several homes.

It is interesting to note that on a proportional basis, nursing homes are projecting greater growth in the number of PT professionals than are hospitals. This situation appears to be created by charge aide requirement. Nursing home administrators indicated that they are starting to hire L.P.N.'s in place of FT and PT charge aides for three reasons. First, L.P.N.'s meet all the charge aide 90 clock hour certification requirements; second, L.P.N.'s can legally perform more tasks than a charge aide and are considered professionals rather than non-professionals; and third, adequate in-service and continuing education programs are not conducted or are not available for those who lack the necessary courses.

These findings indicate that Dodge, Madison, and Platte counties employ a substantial majority of personnel in the survey area. They (the counties) also have one-fourth of the hospitals and one-third of the nursing homes. However, there is no apparent distribution in regard to location and type of operation. There are also more hospitals and nursing homes in counties adjacent to Dodge and Platte (e.g., Nance, Polk, Butler, Saunders, and Colfax) than there are in the counties surrounding Madison county.

On the basis of the demography of the three major health centers and the distribution of hospitals and nursing homes, it seems logical to limit

the Northeast Central CHEC region to the original 19 counties outlined in the proposal. The extreme Northwest counties of Brown, Rock, and Holt may be better served at this time by the Chadron CHEC because it is an established functioning program and because hospitals and nursing homes in those three counties have immediate in-service and continuing education needs.

By considering the health care population centers, Columbus becomes a convenient and central location, and would be a very desirable location to establish a CHEC. Columbus has the resources and facilities of Platte Technical Community College and there are substantial resourses and needs within a 60 mile radius of Columbus.

EDUCATIONAL PROGRAMS

Section four of the questionaire was devoted to educational programs and activities. It contained questions on present educational programs, past educational activities, future educational activities and educational program improvement. A discussion of each aspect of educational programs follows.

Educational programs: Present in-service and continuing education programs were grouped under ten headings. Hospital and nursing home respondents were asked to indicate the frequency of occurance of various educational activities and programs presently used in the development of skills and abilities for the professional, non-professional, and clerical (hospital only) staffs, and the frequency of participation that should occur in the future. Hospital and nursing home data from the grids were organized into Tables 12 and 13.

TABLE 12

EDUCATIONAL PROGRAMS
HOSPITALS

EDUCATIONAL ACTIVITY OR PROGRAM		PROFESSIONAL						NON-PROFESSIONAL						CLERICAL					
		AN	W	M	Q	S	N	AN	W	M	Q	S	N	AN	W	M	Q	S	N
Orientation of new employees	PRESENT	13	3	2				13	3	2				13					
	SHOULD			2						2							2		
Department head meetings	PRESENT	8		10			3	8		10			3	8					16
	SHOULD			1						2						2			
Hospital based in-service	PRESENT			19			5			19			5						5
	SHOULD			2						2						2			
Department head meetings	PRESENT			6		2	10			6		2	10					2	10
	SHOULD			1								2						1	
On the job training	PRESENT	12		15			4	2		15			4	2		15			4
	SHOULD			4		2				4		2				4		2	
Adult and continuing education	PRESENT	8			2	3		8			2	3							4
	SHOULD			3		2										3		2	
Personnel particiaption in college classes.	PRESENT						22						22						25
	SHOULD				1	1					1	1					1	1	
Instructional personnel for in-service.	PRESENT			3			12			3			12			3			12
	SHOULD			3						3						1			
NRMP instructional resources employed.	PRESENT		11				1			11			1						7
	SHOULD			1						1						1			
NRMP shared group programming	PRESENT			7			3			7			3						8
	SHOULD			2		2				2		2				1			
TOTAL PRESENT		41	14	62	2	5	60	31	3	73	2	3	60	23	—	3	—	2	80
TOTAL SHOULD		—	—	19	1	7		—	—	16	1	7		—	—	13	3	5	—

DESCRIPTORS: AN-As Needed, W-Weekly, M-Monthly, Q-Quarterly, S-Semiannually, N-Not Conducted.

TABLE 13

EDUCATIONAL PROGRAMS
NURSING HOMES

EDUCATIONAL ACTIVITY OR PROGRAM		PROFESSIONAL						NON-PROFESSIONAL					
		AN	W	M	Q	S	N	AN	W	M	Q	S	N
Orientation for new employees	Present	16					33	16					3
	Should	—					—	—					—
Ganeral Staff Meetings	Present	7		9				7		9			
	Should		7						7				
Staff Meeting for Ed. purposes	Present	7		9				7		9			
	Should		7						7				
Nursing Home based In-Service	Present		8	11	2			3	3	11	2		
	Should		6						6				
On The Job Training	Present	7			6		4	7			8		4
	Should		4	11	4				4	11	4		
Adult and continuing education	Present			6	2		7		6	2			7
	Should	3			4			3			4		
Personnel participation in college classes.	Present		6		3		14		6		3		14
	Should		6			1			6				
Instructional personnel for In-Service.	Present			5			7			5			17
	Should			6	1					6	1		
NRMP instructional resources employed.	Present		3		3		12		3		3		12
	Should		1	6	7				1	7	7		
NRMP shared group programming	Present		4	3			13			4	3		13
	Should		6	7						6	7		
TOTAL PRESENT		37	12	44	19		57	37	12	44	19	--	70
TOTAL SHOULD		3	31	29	23	1	--	3	31	30	23	--	--

DESCRIPTORS: AN=As Needed, W=Weekly, M=Monthly, Q=Quarterly, S=Semiannually, N=Not Conducted.

These grids were generally completed by directors of nursing or in-service directors rather than hospital or nursing home administrators. Some interesting observations are revealed by totaling the frequencies reported by the respondents. Professionals in hospitals participate in education programs most frequently on a monthly basis or not at all, with programming scheduled rather frequently on an as needed basis. For the non-professional staff, monthly again was the most frequent mode followed by "not conducted" and then "as needed" (sounds like a race). With regard to the clerical staff, the predominant responses were in the not conducted or held column with as needed being the next highest in frequency of occurance. Respondents stated that each group of employees (professional, non-professional and clerical) should be participating in monthly in-service and continuing education activities.

Nursing home directors of nursing or in-service directors responded to the program grid in much the same manner as did hospital respondents. Concerning the professional and non-professional staffs, educational activities are most often conducted on a monthly basis or they are not conducted at all. Much of the in-service appears to be done on an as needed basisv However, they (nursing home respondents) thought that in-service and continuing education activities should be organized on a weekly, monthly, or quarterly basis. These data grids disclose several interesting findings in regard to educational programming.

First, hospital professionals participated in educational programs more frequently than did non-professional or clerical workers. Similarly nursing home professionals participated in educational programs more frequently than did non-professionals. Second, on a proportional basis,

hospital personnel participated in educational programs more frequently than did nursing home personnel. Third, much of the hospital and nursing home in-service is done informally and on an "as needed" basis. This fact is not too surprising considering only five hospitals and seven nursing homes reported they have full time in-service directors. The major part of theservice is done by part-time people or consultants. Fourth, most of the participants in present in-service and continuing education programs are nursing personnel, nursing aides, and nursing home administrators. For licensing purposes, they (nursing home administrators) are required to accumulate twenty-five contact hours per year in course.work. Fifth, many of the hospital and nursing home administrators were not overly familiar with the educational program services of the NRMP and the existing CHEC's.

Past and future educational activities: Respondents were asked to indicate 4-6 topics of discussion in a hospital or nursing home sponsored (internal or external) or NRMP shared group sponsored educational activity for the professional, non-professional and clerical (hospitals only) staffs during the past year. Then they (respondents) were asked to indicate 4-6 topics that should be included in future educational activities for the various staff personnel.

Their responses were recorded in Tables 14 and 15. The topics are listed according to the frequency of mention. That is, number one topic in each list was the most frequently mentioned.

The topics listed under past and future indicate that most of the in-service and continuing education programming during the past year (and for the future) was for the nursing staff and nursing aides. The manpower

TABLE 14

PAST AND FUTURE EDUCATIONAL ACTIVITIES
HOSPITAL

PAST

PROFESSIONAL	NON-PROFESSIONAL	CLERICAL
1. Hospital Sepsis	1. Care of Psychiatric Pt.	1. Telephone ans.
2. CPR - Coronary Care	2. Fire Safety	2. Fire Safety
3. Care Plans	3. Decubitus Ulcer	3. Admissions
4. Psychiatric Problems	4. Use of Restraints	4. Dismissals
5. Fire Safety	5. Diet Therapy	5. Personnel Policy management.
6. Traction Care	6. Isolation	6. Insurance procedures
7. Diabetes	7. Admissions	7. Code 45
8. Resuscitation	8. Legal Liability	
9. Decubitus		
10. Care of New Born		
11. Catheter Care		
12. Isolation		
13. Lamaze		
14. IPPB		

FUTURE

PROFESSIONAL	NON-PROFESSIONAL	CLERICAL
1. CPR	1. Isolation Techniques	1. Terminology (medical)
2. Communication	2. Moving, Lifting Pt.	2. Credits and Collections
3. CVA Rehabilitation	3. Code 45	3. Personnel Policies
4. Labor and Delivery	4. Pt. Emotional Problems	4. Insurance Procedures
5. Hospital Sepsis	5. Death and Dying	5. Admissions
6. Drug interactions	6. Range of Motion exercises	6. Dismissal
7. Care Plans	7. Colestomy Care	7. Communication
8. Arrynthias	8. Asepsis	8. Evacuation Technique
9. Recovery Room		9. Medicare
10. Fluid Balance		
11. Bladder Care		
12. Asepsis		
13. EKG		

TABLE 15

PAST AND FUTURE EDUCATIONAL ACTIVITIES
NURSING HOME

PAST

PROFESSIONAL	NON-PROFESSIONAL
1. Emotional Needs of Residents	1. Posey Restraints
2. Diabetes	2. Craft Activities
3. Charting and Records	3. Public Relations - Volunteers
4. Dental Hygiene	4. Housekeeping
5. Drugs and Medications	5. Dietary
6. Legal Aspects of Nursing	6. Spiritual Care
7. Skin Care	7. Rehabilitation
8. Catheter Care	8. Geriatric Aide Course
9. Epilepsy	9. Charting
10. Care Plans	10. First Aid Classes
11. Death and Dying	11. Remotivation
12. Emphysemia	

FUTURE

PROFESSIONAL	NON-PROFESSIONAL
1. Love and Sexuality	1. Charting
2. Drug Interaction	2. Nursing Care
3. Charting and Records	3. Fire Prevention
4. Legal Aspects of Nursing	4. Caring for Deaf
5. Oxygen Therapy	5. Legal Rights of Elderly
6. Fire Prevention	6. Lifting and Moving Patients
7. Death and Dying	7. Skin Care
8. Emphysemia	8. Care of Mentally Retarded
9. Bowel and Bladder training	9. Bowel and Bladder training

grids (Appendix F) indicate that about one-half of the full-time professional hospital and nursing home staff are involved in nursing . However, a CHEC could and should provide educational programming to meet the needs of the other individuals in professional, non-professional and clerical positions.

Educational program improvement: Hospital and nursing home respondents were asked in what ways the effectiveness of educational activities (internal, external, or NRMP) could be improved. Responses were combined and tallied in Table 16 according to frequency of mention.

The two most predominate areas of improvement are workshops and conferences within easy access, and relevant and meaningful in-service and continuing education. Program relevancy could be interpreted to mean that a CHEC should provide comprehensive education services to health care personnel.

TABLE 16

EDUCATIONAL PROGRAM IMPROVEMENT
HOSPITALS AND NURSING HOMES

TYPE OF IMPROVEMENT	FREQUENCIES OF RESPONSE	
	HOSPITALS	NURSING HOMES
Workshops and conferences within driving distance (50 miles or less)	2	6
Relevant and meaningful in-service and continuing education programs and topics	7	5
More instructional materials	—	4
Satisfactory as is	2	4
Nothing, our organization does its own	—	1
Offer degree credit courses	1	1
Organize a shared group in our area	1	—

CHEC INFORMATION

Part five of the questionaire contained two items concerning the formation and operation of a CHEC. The first item asked respondents if they were in favor of establishing a NRMP sponsored CHEC in Northeast Central Nebraska to serve the health care team working in hospitals, physician's offices, nursing homes, dentist's offices, veterinarian's offices, clinics, private homes, etc. The responses were tallied on a "yes", "no" basis and recorded in Table 17.

TABLE 17

ARE YOU IN FAVOR OF A CHEC?
HOSPITALS AND NURSING HOMES

	YES	%	NO	%	OMITS	%
Hospitals	19	70	2	7	6	22
Nursing Homes	28	60	3	6	16	34

The "yes", "no" total for nursing homes is greater than 28, because three of the four nursing home administrators who returned blank questionaires said they are in favor of establishing a CHEC.

According to the data 70 percent of the hospital respondents and 60 percent of the nursing home respondents are in favor of establishing a CHEC. Thus, there appears to be a substantial support for establishing a CHEC. A viable CHEC would strengthen and improve the overall effect of in-service and continuing education programs in Northeast Central Nebraska.

Next, respondents were asked to list one or two individuals who they would recommend to serve on a CHEC Board of Directors. The individuals are listed in Appendix G. A Board of Directors should be selected as soon as possible after the CHEC is funded in order to have input on helping to select an executive director and to organize the Health Education Corporation. One suggestion for a Board is an eleven member group with six members coming from Dodge, Madison, and Platte Counties and five coming from the remaining counties in the CHEC area.

Also, on part five of the questionaire was an item which asked for a list of instructional personnel who could conduct educational activities for the professional, non-professional, and clerical personnel. A list of names submitted appears in Appendix H.

ADDITIONAL COMMENTS

In the last section of the questionaire respondents were asked to make additional comments concerning existing in-service or continuing education programs or future education programs available to health care personnel, or concerning the establishment and operation of a CHEC. The combined responses appear in Table 18. Again, the major comment was relevant education programming which meets the needs of health care personnel.

The last item on the questionaire (thank goodness) asked respondents if they would like to receive a summary of the findings of the study. Twenty-one of the hospital administrators said "yes" and twenty-one nursing home administrators responded "yes". Summaries will be mailed to interested parties on or before August 1, 1974.

TABLE 18

ADDITIONAL COMMENTS
HOSPITALS AND NURSING HOMES

COMMENT	FREQUENCIES OF RESPONSE	
	HOSPITALS	NURSING HOMES
Very interested in seeing a CHEC established with programs that meet our needs.	5	2
In-service and continuing education needs are being met by a non-profit organization.	—	2
More classes within driving distance (50 miles or less).	—	2
Too many groups trying to accomplish the same thing.	—	1
Needs are being well met.	—	1
Continuing education very helpful but should not be compulsory.	1	—

PART III

CONCLUSIONS

The following conclusions were based upon a synthesis of the analyzed and evaluated questionaire data.

1. There is a substantial need for a CHEC in Northeast Central Nebraska to serve personnel in hospitals, nursing homes and other health care agencies. Seventy percent of the hospital administrators and 60 percent of the nursing home administrators are in favor of establishing a CHEC.

2. On the basis of the demography and geography of the three major health care centers in the survey area (Norfolk, Columbus, and Fremont), a CHEC should be located in Columbus and housed at Platte Technical Community College.

3. In-service education in hospitals and nursing homes is presently rather informally organized and fragmented. A CHEC could help in further organizing and strengthening the various aspects of in-service and continuing education programs operated by hospitals, nursing homes and NRMP shared groups. In-service and continuing education should be organized to the extent that it occurs on a monthly, weekly, or quarterly basis.

4. Present in-service and continuing education programs are primarily for those directly involved in patient or resident care. Other groups in professional, non-professional and clerical positions could profit from comprehensive CHEC educational program planning. That is, a CHEC could

provide upgrading programs for all health care personnel that would enable them to work at a higher level of performance and skill.

5. Hospital and nursing home in-service directors and directors of nursing were more familiar with services provided by the NRMP (through shared groups and CHEC's) than were hospital and nursing home administrators.

6. Two-year transferrable programs should be established in health institution administration and widely publicized as providing challenging career opportunities for both men and women.

7. Within NOrtheast Central Nebraska, there are major differences in the operation and philosophy of pusfit and non-profit nursing homes.

8. Hospital and nursing home administrators receive several requests for information via questionaires. Future questionaires should be shorter than the one used in this study. However, the questionaire-interview visit technique employed in the study helped achieve a high return rate.

9. Even though hospital and nursing home expansion (of present facilities) will be minimal during the next five years, relevant and meaningful educational programming for personnel will be in great demand because of the continuing demand and desire for improvement of services and because of licensing requirements, employee retirement, promotion and turnover.

10. As soon as possible, after a CHEC is funded a mini-board of directors should be organized, a Health Education Corporation established, and an executive director hired.

APPENDIX A

MINI-GRANT PROPOSAL FOR A SURVEY OF HEALTH CARE AGENCIES

(Submitted to the Nebraska Regional Medical Program)

Dr. Ronald M. Hutkin
Associate Dean, Vocational Education

Mrs. Mary Lou Holmberg, R.N.
Director, Practical Nursing Program

November 29, 1973

STATEMENT OF THE PROBLEM

Platte Technical Community College of the Central Nebraska Technical Community College Area is proposing to conduct a comprehensive survey of hospitals and nursing homes within a nineteen-county area (map attached) of Northeast Central Nebraska. The purpose of the feasibility study is to determine the extent of existing continuing education programs presently available to health care personnel within this geographic area and to determine if there is a need for a Community Health Education Consortia (CHEC). According to the hospital and nursing home rosters compiled by the Nebraska Department of Health, there are 35 licensed nursing homes and 22 licensed hospitals within this area.

Several hospitals have pooled their resources for the purpose of improving in-service education programs, which has resulted in three Shared Hospital Groups within the area of study. Also within this geographic area are two technical community colleges representing two technical community college areas. They are: Platte Technical Community College of the Central Nebraska area and Northeast Technical Community College in Norfolk of the Northeast Nebraska Technical Community College area.

Part of the mission of the technical community colleges is to operate education programs which prepare individuals for gainful employment, and to conduct continuing education activities. This mission is compatible with the objectives of in-service continuing education programs currently being conducted by the health care agencies. The data generated by this study should serve the purpose of augmenting pre-service and in-service

education programs within the network of technical community colleges and health care institutions by evaluating current programs in terms of actual needs. Thus, it appears that the findings and conclusions of the study would have a synergetic affect in improving the health care delivery system within our area.

GOALS AND OBJECTIVES

The overall goals of this feasibility study are to determine the extent of existing education programs presently available to health care personnel and to study the need, the organization, and the location of a CHEC. The specific objectives of the study are:

1. To do a comprehensive survey of patient flow data
2. To determine the extent and type of health care workers currently employed in hospitals and nursing homes
3. To compare actual numbers of people employed in health care agencies with the Department of Labor and Nebraska Research Coordinating Unit data
4. To compare projected needs for the next three years with Department of Labor and Nebraska Research Coordinating unit projections
5. To describe the current pre-service and in-service education programs which serve the health care team
6. To analyze the health care education programs on the basis of data gathered by the shared groups and on the basis of data obtained in the study
7. To identify interests within the 19-county area in establishing a CHEC
8. To determine a possible location and organizational pattern of a CHEC

PLAN FOR DEVELOPMENT AND IMPLEMENTATION

The feasibility study is actually a three part process. It includes first, the development of a survey instrument; second, the gathering of data; and third, the analysis of the data and the final report to be submitted to the NRMP. Dr. Ronald M. Hutkin, Associate Dean, Vocational Education and Mrs. Mary Lou Holmberg, R.N., Director of the Platte Practical Nursing program will be responsible for developing the survey instrument, supervising the data collection process, and editing the final report which is submitted to the NRMP.

An individual will be employed for a period of four months to gather the data. Data will be gathered by the investigator using the prepared survey instrument. This instrument will be designed to directly relate to the specific objectives listed in the previous section of the proposal. The instrument will be completed by a hospital or nursing home administrator or an individual designated by the administrator and will be returned to the investigator during a visit or returned by mail.

TIMETABLE FOR IMPLEMENTATION

January 2, 1974 - identify and hire an investigator to visit hospitals and nursing homes within the 19-county area.

Week of February 11, 1974 - conduct an in-service workshop with PTCC personnel.

February 11-March 15, 1974 - conduct visits to hospitals and nursing homes for the purpose of gathering the survey data.

April 1, 1974 - compile and analyze survey results and prepare the first draft of the report.

April 15, 1974 - second draft of report completed and submit final report to the Nebraska Regional Medical Program

EVALUATION

Evaluation of the project will be a continuous activity and will have three parts. First, evaluation of the survey instrument; second, evaluation of the data gathered; and third, evaluation of the final report.

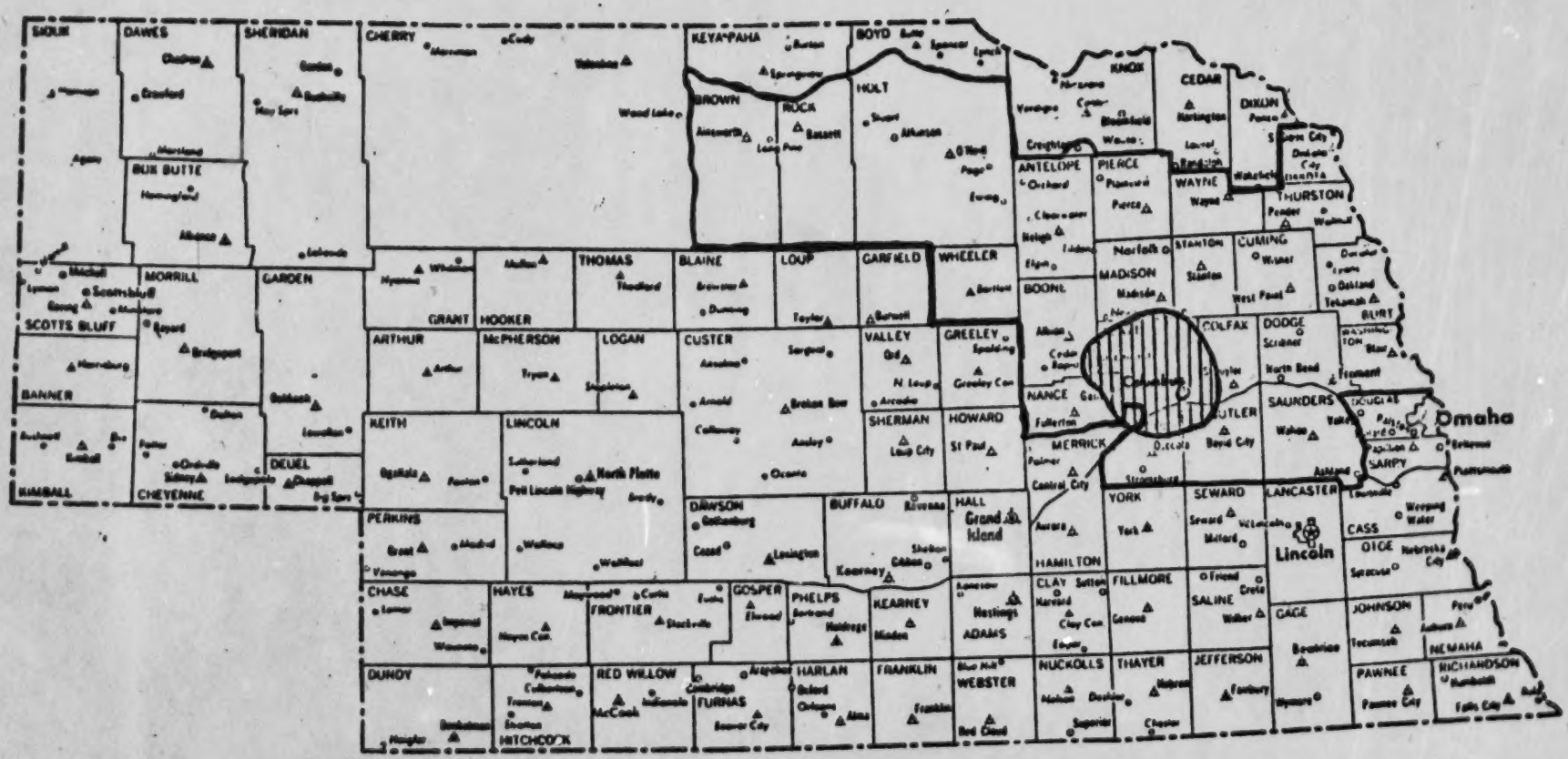
The survey instrument will be designed after reviewing the instruments used in the three previous feasibility studies. To establish content validity of the instrument, it will be pilot tested by a sample of the population to be surveyed and revised if necessary. The pilot study will serve the purpose of not only validating the questions on the instrument, but also validating the objectives set forth in the feasibility study.

The project directors will supervise the overall progress of gathering the survey data and will be involved periodically with visits to the hospitals and nursing homes. The investigator will be instructed to maintain an attitude of consistency and objectivity when interviewing hospital administrators and nursing home administrators. The overall evaluation of the final report can be judged as being valid to the extent that it achieves answers to the objectives set forth in Section 2 of this proposal.

ESTIMATED BUDGET

The following budget represents the minimum funding necessary to conduct the feasibility study in accordance with the stated goals and objectives.

PERSONNEL	FUNDED	MATCHING BY PTCC
Dr. Ronald M. Hutkin Project Director		$600
Mrs. Mary Lou Holmberg, R.N. Project Co-Director		$400
Project Investigator to be hired for a period of four months (January 2, 1974 to April 30, 1974) to collect survey data and to analyze and compile data	$2250	
Secretarial Assistance and Office Space for the Investigator		$300
SUPPLIES Paper and Stenographic Supplies	150	
COMMUNICATIONS Telephone and Postage	100	
TRAVEL Mileage, Meals, Lodging	400	
Miscellaneous Institutional Expenses	100	
Total Funds Requested from NRMP	$3000	
Total Matching Funds by PTCC		$1300


SIOUX
DAWES
SHERIDAN
CHERRY
KEYA PAHA
BOYD
KNOX
CEDAR
DIXON
BOX BUTTE
BROWN
ROCK
HOLT
ANTELOPE
PIERCE
WAYNE
THURSTON
MORRILL
GARDEN
GRANT
HOOKER
THOMAS
BLAINE
LOUP
GARFIELD
WHEELER
BOONE
MADISON
STANTON
CUMING
SCOTTS BUFF
BANNER
ARTHUR
McPHERSON
LOGAN
CUSTER
VALLEY
GREELEY
COLFAX
DODGE
NANCE
SHERMAN
HOWARD
BUTLER
SAUNDERS
Omaha
KEITH
LINCOLN
MERRICK
SARPY
DEUEL
KIMBALL
CHEYENNE
PERKINS
DAWSON
BUFFALO
HALL
Grand Island
YORK
SEWARD
LANCASTER
Lincoln
CASS
OTOE
CHASE
HAYES
FRONTIER
GOSPER
PHELPS
KEARNEY
ADAMS
HAMILTON
CLAY
FILLMORE
SALINE
GAGE
JOHNSON
NEMAHA
DUNDY
HITCHCOCK
RED WILLOW
FURNAS
HARLAN
FRANKLIN
WEBSTER
NUCKOLLS
THAYER
JEFFERSON
PAWNEE
RICHARDSON

APPENDIX B

HOSPITAL	TYPE OF OPERATION
Antelope County:	
Antelope Memorial Hospital	Non-Profit
Boone County:	
Boone County Community Hospital	County
Burt County:	
Oakland Memorial Hospital	Non-Profit
Butler County:	
David City Hospital	Non-Profit
Brown County:	
Brown County Hospital	County
Colfax County:	
Schuyler Memorial Hospital	Non-Profit
Cummings County:	
St. Francis Memorial	Non-Profit
Dodge County:	
Memorial Hospital of Dodge County:	County
Holt County:	
West Holt General Hospital	Non-Profit
St. Anthony's Hospital	Non-Profit

HOSPITAL	TYPE OF OPERATION
Knox County:	
Lundberg Memorial Hospital	Non-Profit
Madison County:	
Newman Grove Community Hospital	Non-Profit
Lutheran Community Hospital	Non-Profit
Norfolk Regional Center	State
Our Lady of Lourdes Hospital	Non-Profit
Tilden Community Hospital	Non-Profit
Nance County:	
Fullerton Memorial Hospital	City
Genoa Community Hospital	Profit
Pierce County:	
Osmond General Hospital	Non-Profit
Plainview Public Hospital	City
Platte County:	
Behlen Memorial Hospital	Non-Profit
Polk County:	
Annie Jeffrey Memorial County Hospital	County
Rock County:	
Rock County Hospital	County
Saunders County:	
Saunders County Community Hospital	County

HOSPITAL	TYPE OF OPERATION
Thurston County:	
Pender Community Hospital	Non-Profit
Wayne County:	
Wayne Hospital	City
Washington County:	
Memorial Community Hospital	Non-Profit

NURSING HOME	TYPE OF OPERATION
Antelope County:	
Keahaven, Inc.	Profit
Boone County:	
Max and Hatti Wolf Memorial Center	Non-Profit
Thompson Convalescent Nursing Home	Profit
Burt County:	
Logan Valley Manor, Inc.	Profit
Tekamah Senior Citizens Home, Inc.	Profit
Butler County:	
St. Joseph's Villa	Non-Profit
Brown County:	
Behtel Nursing Home	Non-Profit
Cedar County:	
Colonial Manors of Randolph, Inc.	Profit
Colfax County:	
Colonial Manor of Clarkson	Profit
Schuyler Senior Citizens Home	Profit
Cumings County:	
Colonial Haven	City
West Point Nursing Home	Profit
Wisner Manor	City

NURSING HOME	TYPE OF OPERATION
Dodge County:	
Parkview Home, Inc.	Profit
Arbor Manor, Inc.	Profit
Hooper Care Center	City
Birchwood Manor	Profit
Good Samaritan Center	Non-Profit
Holt County:	
Atkinson Good Samaritan Center	Non-Profit
O'Neill Senior Citizens' Home	Profit
Parkside Manor	Non-Profit
Knox County:	
Creighton Care Center	Profit
Madison County:	
Countryside Home	City
Mid-Nebraska Lutheran Homes Assoc.	Non-Profit
Norfolk Convalescent Nursing Home, Inc.	Profit
Norfolk Regional Center #2	State
St. Joseph's Nursing Home	Non-Profit
Valley View Lodge	Pfofit
Manor Hall Nursing and Convalescent Home	Profit
Nance County:	
Fullerton Manor	Profit
Hoffmeister Home for Aged	Profit
Pierce County:	
Pierce Manor	Profit
Plainview Manor	Profit
Platte County:	
Columbus Manor	Profit
Mory's Haven Nursing Home	Profit--

NURSING HOME	TYPE OF OPERATION
Polk County:	
Osceola Good Samaritan Center	Non-Profit
Midwest Convent Home, Inc.	Non-Profit
Rock County:	
Hillside Manor	Non-Profit
Saunders County:	
Ash Manor	Non-Profit
Haven House	Profit
Stanton County:	
Stanton Nursing Home	City
Thurston County:	
Buis Memorial Home	Profit
Valley View Nursing Home	Profit
Wayne County:	
Dahl Retirement Center	Profit
Washington County:	
Crowell Memorial Home	Non-Profit
Good Shephard Lutheran Old People Home	Non-Profit
Dakota County:	
Green Acres Nursing Home	Profit

APPENDIX C

Platte
Technical
Community
College

CHEC FEASIBILITY STUDY
HOSPITAL QUESTIONNAIRE

A JOINT PROJECT BY
PLATTE TECHNICAL COMMUNITY COLLEGE
AND THE
NEBRASKA REGIONAL MEDICAL PROGRAM

NEBRASKA REGIONAL MEDICAL PROGRAM

GENERAL INSTRUCTIONS AND INFORMATION

(Please read before proceeding into the survey)

1. The purpose of the feasibility study is to determine the need for a Nebraska Regional Medical Program sponsored CHEC in Northeast Central Nebraska.

2. The survey instrument is designed to be completed by the hospital administrator, however, the Director of Nursing or In-Service Director may provide additional assistance.

3. The questionnaire is designed on a short answer format. Space is also provided for additional comments in regard to educational programming and a CHEC operation. Your candid responses and comments will be greatly appreciated.

4. Your responses will be held in strictest confidence. The report of the study will not reveal the identity of any individual institution.

5. A member of the project team will visit with you in the near future. Return your completed questionnaire to him/her.

6. Thank you for your help and cooperation in this important project.

If you have further questions in regard to the project or the questionnaire, contact:

Dr. Ronald M. Hutkin
Associate Dean, Vocational Education
CHEC Project Director

Mrs. Mary Lou Holmberg, R.N.
Chairman, Health Occupations
CHEC Project Co-Director

Mrs. Alice M. Plettner, R.N.
Instructor of Health Occupations
CHEC Project Co-Director

HOSPITAL
I. BACKGROUND INFORMATION

A. Hospital Data

1. Hospital Name_____

2. Year Founded_____

B. Hospital Administrator Data

1. Name_____ Age_____

2. What is your official title?

_____

3. How many years have you been in your present position?_____

4. How many years of experience do you have as a hospital administrator?_____

C. Educational Background

Degree/Certificate	Institution	Major
1. A.S. or A.A.	_____	_____
2. B.S. or B.A.	_____	_____
3. M.S. or M.A.	_____	_____
4. Ph.D, Ed.D.	_____	_____
5. M.D.	_____	_____
6. Others (Specify)		
_____	_____	_____
_____	_____	_____

D. Administrator's Responsibilities

Please list three or four of your current responsibilities which are most demanding of your time and skill. (List in order of importance e.g., No.1 is the most demanding, etc.)

Most Demanding of Time	Most Demanding of Skill
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____

(1h)

II. INSTITUTIONAL DATA

A. Hospital Organization

Please indicate the present hospital resources and facilities by completing column A. If an expansion project is being planned in the next 3-5 years, complete columns A and B.

	Facilities	A Present	B Projected 1977-79
1.	Number of Surgery Rooms	_____	_____
2.	Number of Recovery Rooms	_____	_____
3.	Number of X-Ray Rooms	_____	_____
4.	Number of Laboratories	_____	_____
5.	Total Number of Beds	_____	_____
6.	Total Number of Bassinets	_____	_____
7.	Number of Emergency Room(s)	_____	_____
8.	Number of Delivery Rooms	_____	_____
9.	Number of Extended Care Facility Beds	_____	_____
10.	Pharmacy	Yes____	No____
11.	Maintenance Facility	Yes____	No____
12.	Classrooms for In-Service Education	Yes____	No____
13.	Gift Shop	Yes____	No____
14.	Intensive Care Unit	Yes____	No____
15.	Others	_____	_____

B. Hospital Memberships

Does the hospital hold membership in the following agencies or organizations?

		Yes	No
1.	Joint Commission on Accredited Hospitals	___	___
2.	Nebraska Hospital Association	___	___
3.	American Hospital Association	___	___
4.	National League of Nursing	___	___
5.	Catholic Hospital Association	___	___
6.	Others		

_____

_____

_____

C. Patient Flow Data

1. Total number of patients admitted during past calendar year?_____

2. Daily average of patients(excluding newborn) past calendar year?_____

3. Daily average on:

medical	_____	obstetrics	_____
psychiatric	_____	outpatient dept.	_____
surgical	_____	geriatrics	_____
pediatrics	_____	other	_____

4. Total number of operations during the past calendar year?_____

5. Total number of births during the past calendar year?_____

D. Director of Nursing's Responsibilities

In your judgment, which three or four of the current responsibilities assigned to the Director of Nursing are most demanding of his/her <u>time</u> and <u>skill</u>? (List in order of importance e.g., No. 1 is the most demanding.)

Most Demanding of Time	Most Demanding of Skill
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____

F. Educational Background of Director of Nursing

Degree/Certificate	Institution	Major
1. Diploma Program		
2. A.D.N.		
3. B.S.N.		
4. B.S. or B.A.		
5. M.S. or M.A.		
6. Other (Specify)		

F. Experience of Director of Nursing

1. Number of years as a staff nurse?_____

2. Number of years as a supervisor?_____

3. Number of years as a Director of Nursing?_____

G. Education Background of In-Service Director

Degree/Certificate	Institution	Major
1. Diploma Program		
2. A.D.N.		
3. B.S.N.		
4. B.S. or B.A.		
5. M.S. or M.A.		
6. Other (Specify)		

H. Please indicate the position of the In-Service Director's immediate supervisor?

_____

(4h)

III. HEALTH MANPOWER DATA

In the Manpower Data grid, record the number of professional, non-professional, and clerical people presently working in the hospital on a full time (FT), part time (PT), or contract/consulting (C) basis. Also, please project the expected numbers of FT, PT, and C hospital personnel for 1977.

OCCUPATION	Current FT	Current PT	Current C	Projected-1977 FT	Projected-1977 PT	Projected-1977 C
A. Professional						
1. Accred. Records Technician						
2. Anesthesiologist						
3. Anesthetist						
4. Asst.Hospital Administrator						
5. Dietitian						
6. Director of Nursing						
7. Emergency Medical Tech.						
8. Hospital Administrators						
9. In-Service Director						
10. Lab Technician						
11. Med. Records Librarian						
12. Medical Social Worker						
13. Medical Technologist						
14. Nurses (RN)						
15. Nurses (LPN)						
16. Occupational Therapist						
17. Operating Room Technician						
18. Oral Surgeon						
19. Pharmacist						
20. Pathologist						
21. Physicians						
22. Physiotherapist						
23. Psychiatrist						
24. Psychologists						
25. Radiologist						
26. Respiratory Therapist						
27. Respiratory Technicians						
28. Speech Therapist						
29. Traction Technician						
30. X-Ray Technician(Non-Reg)						
31. X-Ray Technologist(Reg)						
32. Others						
_____						
_____						
(5h)						

III. HEALTH MANPOWER DATA (Cont.)

OCCUPATION	Current FT	Current PT	Current C	Projected-1977 FT	Projected-1977 PT	Projected-1977 C
B. Non-Professional						
1. Ambulance Attendant						
2. Candy Strippers						
3. Food Service Workers						
4. Gift Shop Managers						
5. Housekeeper Workers						
6. Laundry Workers						
7. Maintenance Workers						
8. Nursing Aides						
9. Orderlies						
10. Volunteer						
11. Others						
_____						
_____						
C. Clerical						
1. Accounting						
2. Admissions						
3. Business Office						
4. Clerk or Transcriber						
5. Clerical Staff						
6. Medical Records						
7. Secretaries						
8. Switchboard						
9. Ward Clerks						
10. Others						
_____						
_____						

(6h)

IV. EDUCATION PROGRAMS

A. Education Activities

In the following grid indicate the frequency of occurance of various education activities and programs presently used in the development of skills and abilities for the professional, non-professional, and clerical staffs, and the frequency that should occur in the future. Complete the present and should grid by using the frequency descriptors: W=Weekly, M=Monthly, Q=Quarterly, S=Semi-Annually and N=Not Conducted or Held.

Educational Activity or Program	Professional	Non-Professional	Clerical
1. Orientation for new employees			
Presently offered			
Should be offered			
2. Department head meetings			
Presently scheduled			
Should be scheduled			
3. Department head meetings for educational and/or upgrading purposes			
Presently held			
Should be held			
4. Hospital based in-service education programs			
Presently offered			
Should be offered			
5. On-the-job training or education activities			
Presently provided			
Should be provided			
6. Adult & continuing education classes, seminars, or workshops			
Presently participating			
Should be participating			

(7h)

IV. EDUCATION PROGRAMS(Cont.)

Educational Activity or Program	Professional	Non-Professional	Clerical
7. Personnel participate in college credit classes			
Presently			
Should be			
8. Instructional personnel for in-service education programs			
Presently available			
Should be available			
9. NRMP instructional resources are employed for in-service education programs			
Presently used			
Should be used			
10. NRMP shared group educational programming			
Presently participating			
Should be participating			

(8h)

B. Past Educational Activities

Please indicate 4-6 topics of discussion in a hospital sponsored (internal or external) or NRMP shared group educational activity for the professional, non-professional, and clerical staffs during the past year:

Professional	Non-Professional
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____
5._____	5._____
6._____	6._____

Clerical
1._____
2._____
3._____
4._____
5._____
6._____

C. Future Educational Activities

Please indicate 4-6 topics that should be included in future educational activities for the professional, non-professional, and clerical staffs.

Professional	Non-Professional
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____
5._____	5._____
6._____	6._____

Clerical
1._____
2._____
3._____
4._____
5._____
6._____

(8h)

D. Educational Program Improvement

In what ways could the effectiveness of educational activities (hospital internal or external, or NRMP) be improved:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

V. NEBRASKA REGIONAL MEDICAL PROGRAM
COMMUNITY HEALTH EDUCATION CONSORTIUM (CHEC) INFORMATION

A. CHEC Information

1. Are you in favor of establishing a NRMP sponsored CHEC in Northeast Central Nebraska to serve the health care team working in hospitals, physician's offices, nursing homes, dentist's offices, veterinarian offices, clinics, private homes, etc.

Yes_____ No_____

2. Please list one or two individuals who you would recommend to serve on a CHEC Board of Directors?

Name_____

Position_____

Address_____ Phone_____

Name_____

Position_____

Address_____ Phone_____

B. Instructional Resources

To help us compile a list of instructional personnel who could conduct educational activities for the professional, non-professional and clerical staffs, please list 4-6 individuals and their areas of speciality.

Name	Position	Speciality
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____

VI. ADDITIONAL INFORMATION

Any additional comments you would care to make concerning existing in-service or continuing education programs or future education programs available to health care personnel, or concerning the establishment and operation of a CHEC would be greatly appreciated.

Would you like to receive a summary of the findings of this study?

Yes_____ No_____

Thank you for completing the questionnaire.

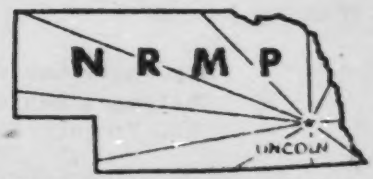
(12h)

Platte
Technical
Community
College

CHEC FEASIBILITY STUDY

NURSING HOME QUESTIONNAIRE

A JOINT PROJECT BY
PLATTE TECHNICAL COMMUNITY COLLEGE
AND THE
NEBRASKA REGIONAL MEDICAL PROGRAM



NEBRASKA REGIONAL MEDICAL PROGRAM

GENERAL INSTRUCTIONS AND INFORMATION
(Please read before proceeding into the survey)

1. The purpose of the feasibility study is to determine the need for a Nebraska Regional Medical Program sponsored CHEC in Northeast Central Nebraska.

2. The survey instrument is designed to be completed by the nursing home administrator, however, the Director of Nursing or In-Service Director may provide additional assistance.

3. The questionnaire is designed on a short answer format. Space is also provided for additional comments in regard to educational programming and a CHEC operation. Your candid responses and comments will be greatly appreciated.

4. Your responses will be held in strictest confidence. The report of the study will not reveal the identity of any individual institution.

5. A member of the project team will visit with you in the near future. Return your completed questionnaire to him/her.

6. Thank you for your help and cooperation in this important project.

7. If you have further questions in regard to the project or the questionnaire, contact:

Dr. Ronald M. Hutkin
Associate Dean, Vocational Education
CHEC Project Director

Mrs. Mary Lou Holmberg, R.N.
Chairman, Health Occupations
CHEC Project Co-Director

Mrs. Alice M. Plettner, R.N.
Instructor/Health Occupations
CHEC Project Co-Director

NURSING HOME

I. BACKGROUND INFORMATION

A. Nursing Home Data

1. Nursing Home Name_____

2. Year Founded_____

B. Nursing Home Administrator Data

1. Name_____Age_____

2. What is your official title?_____

3. How many years have you been in your present position?_____

4. How many years of experience do you have as a nursing home administrator?_____

C. Educational Background

Degree/Certificate	Institution	Major
1. A.S. or A.A.		
2. B.S. or B.A.		
3. M.S. or M.A.		
4. Ph.D., Ed.D.		
5. M.D.		
6. Others(Specify)		

D. Duties and Responsibilities

Please list three or four of your current responsibilities which are most demanding of your time and skill. (List in order of importance e.g., No.1 is the most demanding.)

Most Demanding of Time	Most Demanding of Skill
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____

II. INSTITUTIONAL DATA

A. Nursing Home Organization

Please indicate the present nursing home facilities by completing column A. If an expansion project is being planned in the next 3-5 years, complete columns A and B.

Facilities	A Present	B Projected 1977/79
1. Number of beds		
Skilled Care	_____	_____
Moderate Care	_____	_____
2. Maintenance Facility	Yes___	No___
3. Classrooms for In-Service Education	Yes___	No___
4. Gift Shop	Yes___	No___
5. Others	Yes___	No___

B. Nursing Home Memberships

Does the nursing home hold membership in the following agencies or organizations?

	Yes	No
1. Nebraska Nursing Home Association	___	___
2. American Nursing Home Association	___	___
3. American College of Nursing Home Administrators	___	___
4. Others		

_____

_____

_____

C. Patient Flow Data

1. Total number of patients admitted during past calendar year?_____

2. Daily average of patients past calendar year?_____

3. Daily average on retarded_____
   senile geriatric_____
   geriatrics_____
   other_____

(3N)

D. Director of Nursing's Responsibilities

In your judgment, which three or four of the current responsibilities assigned to the Director of Nursing are most demanding of his/her time and skill? (List in order of importance e.g., No.1 is the most demanding.)

Most Demanding of Time	Most Demanding of Skill
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

E. Educational Background of Director of Nursing

Degree/Certificate	Institution	Major
1. Diploma Program	_____	_____
2. A.D.N.	_____	_____
3. B.S.N.	_____	_____
4. B.S. or B.A.	_____	_____
5. M.S. or M.A.	_____	_____
6. Other (Specify)	_____	_____

F. Experience of Director of Nursing

1. Number of years as a staff nurse?_____

2. Number of years as a supervisor?_____

3. Number of years as a Director of Nursing?_____

G. Education Background of In-Service Director

Degree/Certificate	Institution	Major
1. Diploma Program	_____	_____
2. A.D.N.	_____	_____
3. B.S.N.	_____	_____
4. B.S. or B.A.	_____	_____
5. M.S. or M.A.	_____	_____
6. Other (Specify)	_____	_____

(3N)

H. Please indicate the position of the In-service Director's immediate supervisor?

_____

I. Nursing Home Operation

Indicate the frequency of the following operational activities by using the descriptors: D=Daily, W=Weekly, M=Monthly, Q=Quarterly, N=No Information.

1. Utilization Review Committee _____
2. Skilled patient review by physician _____
3. Fire inspection _____
4. Fire Drill _____
5. State Department of Health Inspection _____
6. Nurse Consultant Visits _____
7. Normalization or educational program for retarded. _____
8. Spiritual care _____
9. Welfare Review Team _____
10. Pharmacy consultant visits _____
11. Dietitian consultant visits _____
12. Moderate patient recertification _____

(4N)

III. HEALTH MANPOWER DATA

In the manpower data grid, record the number of professional and non-professional people presently working in the nursing home on a full time (FT), part time (PT), or contract/ consulting (C) basis. Also, please project the expected number of FT, PT and C nursing home personnel for 1977.

OCCUPATIONS	Current FT	Current PT	Current C	Projected 1977 FT	Projected 1977 PT	Projected 1977 C
A. Professionals						
1. Assistant Nursing Home Administrator						
2. Assistant Physical Therapist						
3. Audiologist						
4. Dietary Consultant						
5. Dietitians						
6. Director of Nursing						
7. In-Service Director						
8. Medical Records Librarian						
9. Medical Social Worker						
10. Nurses (RN)						
11. Nurses (LPN)						
12. Nurse Consultant						
13. Nursing Home Administrator						
14. Occupational Therapist						
15. Pharmacy Consultant						
16. Physical Therapist						
17. Physicians						
18. Speech Therapist						
19. Therapeutic Rec. Specialist						
20. Others						
_____						
_____						
B. Non-Professional						
1. Accounting						
2. Activity Director						
3. Charge Aides(As of 4/1/74)						
4. Clerical Staff						
5. Food Service Workers						
6. Housekeeper Workers						
7. Laundry Workers						
8. Maintenance Workers						
9. Nursing Aides						
10. Orderlies						
11. Secretaries						
12. Volunteers						
13. Others						

(5N)

IV EDUCATION PROGRAMS

A. Educational Programming

Indicate the frequency of occurance of various education activities and programs presently used in the development of skills and abilities for the professional and non-professional staffs, and the frequency that should occur in the future. Complete the present and should grid by using the frequency descriptors: W=Weekly, M=Monthly, Q=Quarterly, S=Semiannually, N=Not conducted or held.

	Professional	Non-Professional
1. Orientation for new employees		
Presently offered	_____	_____
Should be offered	_____	_____
2. General Staff Meetings		
Presently scheduled	_____	_____
Should be scheduled	_____	_____
3. Staff meeting for educational and/or upgrading purposes		
Presently held	_____	_____
Should be held	_____	_____
4. Nursing home based in-service education programs		
Presently offered	_____	_____
Should be offered	_____	_____
5. On-the-job training or education activities		
Presently provided	_____	_____
Should be provided	_____	_____
6. Adult and continuing education classes, seminars, or workshops		
Presently participating	_____	_____
Should be participating	_____	_____

(6N)

A. Educational Programming (Cont.)

	Professional	Non-Professional
7. Personnel participate in college credit classes		
Presently	_____	_____
Should be	_____	_____
8. Instructional personnel for in-service education programs		
Presently available	_____	_____
Should be available	_____	_____
9. NRMP instructional resources are employed for in-service education programs		
Presently used	_____	_____
Should be used	_____	_____
10. NRMP shared group educational programming		
Presently participating	_____	_____
Should be participating	_____	_____

B. Past Educational Activities

Please indicate 4-6 topics of discussion in a nursing home sponsored (internal or external) or NRMP shared group sponsored educational activity for the professional and non-professional staffs during the past year:

Professional	Non-Professional
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____
5._____	5._____
6._____	6._____

(7N)

C. Future Educational Activities

Please indicate 4-6 topics that should be included in future educational activities for the professional and non-professional staffs.

Professional	Non-Professional
1._____	1._____
2._____	2._____
3._____	3._____
4._____	4._____
5._____	5._____
6._____	6._____

D. Education Program Improvement

In what ways could the effectiveness of educational activities (nursing home internal or external, or NRMP) be improved:

1.

2.

3.

4.

5.

6.

(8N)

V. NEBRASKA REGIONAL MEDICAL PROGRAM
COMMUNITY HEALTH EDUCATION CONSORTIUM(CHEC) INFORMATION

A. CHEC Information

1. Are you in favor of establishing a NRMP sponsored CHEC in Northeast Central Nebraska to serve the health care team working in hospitals, physician's offices, nursing homes, dentist's offices, veterinarian offices, clinics, private homes, etc.

Yes_____ No_____

2. Please list one or two individuals who you would recommend to serve on a CHEC Board of Directors.

Name_____

Position_____

Address_____ Phone_____

Name_____

Position_____

Address_____ Phone_____

B. Instructional Resources

To help us compile a list of instructional personnel who could conduct educational activities for the professional and non-professional staffs, please list 4-6 individuals and their areas of speciality:

Name	Position	Speciality
1.		
2.		
3.		
4.		
5.		
6.		

(ON)

VI. ADDITIONAL INFORMATION

Any additional comments you would care to make concerning existing in-service or continuing education programs or future education programs available to health care personnel, or concerning the establishment and operation of a CHEC would be greatly appreciated.

Would you like to receive a summary of the findings of this study?

Yes_____ No_____

Thank you for completing the questionnaire.

(10N)

Platte Technical Community College

March 1, 1974

Mrs. Carmen Ann Nilges, Administrator
Buis Memorial Home
Pender, Nebraska 68047

Dear Mrs. Nilges:

Platte Technical Community College has requested and received a grant from the Nebraska Regional Medical Program to conduct a comprehensive survey of health care facilities and education programs. Hospitals and nursing homes in a twenty-two county area of Northeast Central Nebraska will be included in the survey.

The purpose of the study is to determine the feasibility of establishing a Nebraska Regional Medical Program sponsored Community Health Education Consortium (CHEC) in Northeast Central Nebraska. The mission of a CHEC is to augment and coordinate ongoing in-service and continuing education efforts by providing workshops, conferences, seminars, and instructional resources for health care personnel. Presently there are three CHEC's operating in the State of Nebraska. They are located at Kearney, McCook and Chadron.

The enclosed questionnaire is structured to provide data to substantiate the need for a CHEC in Northeast Central Nebraska. Your completed questionnaire will become a vital part of the data pool needed to complete the feasibility study. All responses will be held in strictest confidence and no institution will be individually identified by name in the report of the findings.

Within the next few days, Mrs. Alice Plettner of our Practical Nursing staff, will make arrangements to visit the Buis Memorial Home in order to discuss with you the study and the CHEC concept. Please return your completed questionnaire to her during the visit. We look forward to working with you on this project and are anxious to share ideas and experiences with you concerning health education. Also, we would like to extend an open invitation to visit with us on the Platte Campus.

Thank you for your help and cooperation with this important project.

Sincerely,

Ronald M. Hutkin, Ph.D.
Associate Dean, Vocational Education
CHEC Project Director

Mary Lou Holmberg, R.N.
Chairman, Health Occupations
CHEC Project Co-Director

RMH:pw
Enclosure

Box 1027 • Columbus, Nebraska 68601 • Area Code 402-564-7132

A College of the Central Nebraska Technical Community College Area

HOSPITALS

1. The administrator seemed enthusiatic about the project. He stated his hospital is presently working with two other hospitals on their In-Service programs.

2. The actual visit with the administrator lasted one hour and forty-five minutes. He was very interested in every phase of this idea. He is now conducting his In-Service through a shared group with an R.N. teaching In-Service in four hospitals. They are much happier with this arrangement than trying to provide In-Service just within their own hospital. A former employee of theirs who presently lives out of the city conducts the In-Service at these four hospitals and was very much opposed to mandatory education and the Nurse Practice Act in all phases it seems. He states no nurse is ever going to expect to pay for one hour of education herself, but will expect her hospital administrator to foot the entire bill. He is very much in favor of education, however, and is really very positive about his In-Service program and seminars and workshops. He is anxious to see more education geared at the non-professional level nurse aides, housekeeping department, food service, etc.

   He said there was no question about the logical place for the CHEC location. It should definitely be out of his town. After I had voiced my opinions, he could see why we felt as we do but still stated the Northern area we were surveying was not going to be in favor of seeing this situated in another town. He said other counties in our area need just as much help as any other and we might as well forget about them and also most of the other northern counties in our area if it were situated at this particular town. We had a delightful discussion, I enjoyed the time I spent with him very much. I gained a great deal of knowledge about the problems of the administrator in a small hospital. (This man sent nine R.N.'s to Coronary Care sessions before setting up their Intensive Care Facility at a terrific cost to his hospital.)

3. This man was another young enthusiastic administrator. Very positive in his attitude about education. He stated his hospital was very happy to be sharing an In-Service director with three other hospitals, and it has seemed to lift the morale of his entire staff since an active and interesting In-Service is being conducted. He is also the administrator at the hospital in another town, and says both staffs are benefiting greatly. He too would like to see a CHEC established in his town. However, he can understand the people in the southern section of this survey area wishing to see the site at another town. He stated that he is crying for R.N.'s. He needs three in one of his hospitals and two in another.

4. The administrator is also an R.N. and stated their hospital has only been in operation at their new facility for four months. They have already had one inspection since opening. A deficiency found at that time was nursing care plans, since this time, they have spent time in In-Service on this topic and have been re-inspected. She states it has been a rough year for them, but they are optimistic as two new physicians will be arriving in their town in the near future.

5. The administrator was ill and had not been in all day. I talked to the Director of Nurses. She visited about an hour and wasn't finished when I excused myself to leave. She stated their administrator had not seen fit to join with other towns in the shared group In-Service. He had felt that they could handle their In-Service education in their own hospital.

   She stated that they had recently attended a seminar and the R.N.'s that attended had gained a great deal from it. She said their shortage of R.N.'s makes it very difficult in small hospitals to provide an active and interesting In-Service and fill in on the floor for several days a week too. She stated she works on the floor a great deal herself and so does their In-Service director. She said she would fill out her part and hand it to medical records and they would try to encourage the administrator to complete it.

6. I visited with this administrator at another town where he is also administrator.

7. Another young vivacious administrator. It is not hard to see why some small hospitals are operating better than others. This man had also sent his entire staff of R.N.'s to another town for C.C. training. Their Intensive Care Facility is functioning well. They are proud of the fact that they have saved some lives in their community with their C.C. unit. He stated the $3,000 it cost him to train those nurses had been returned several fold. This hospital is sharing In- Service director with a number of other towns, and is very pleased with this arrangement. The administrator used to live in Columbus and is very interested in Platte College. He feels that there should be a 2 year R.N. program started at Platte College to help supply R.N.'s in this area. Stated the city oriented R.N.'s attending a school in larger cities always remain in the city and what is needed is more R.N.'s attending a school in the smaller city so they might be more rural oriented.

8. The administrator stated that she had thrown out the questionaire. She stated she had told her secretary they want us to write them a book. Obviously she never completes questionaires and perhaps did not even take the time to read it. She did ask me to sit down finally when I presented her with a new questionaire and explained that this was one reason we were following up our mailing with a visit to try to stress the importance to them as well as to us that they complete the questionaire. She stated "You've no idea how much junk mail we receive all the time." I emphasized the fact that this project could be very beneficial to her as an administrator and to everyone on her staff as well. I explained the project as she had not taken time to read the letter. She said she would complete the questionaire we'll see.

9. The administrator had given the questionaire a space of priority, she said, and had it in her basket when I arrived. At present the In-Service Director is conducting In-Service sessions by sharing materials with other counties. There is only one town that has its own In-Service director, the other four share one director. They are grateful for any help they may be able to receive.

10. This administrator is also the administrator of another hospital in another town. He was at the other hospital at the time of my visit. I talked to his secretary and she said the assistant administrator takes care of most of his mail. She said the administrator usually throws out any questionaires if he sees them so she and the assistant administrator usually go through the mail and try to salvage the things that look important. They had saved our questionaire, so I felt that was one thing in our favor. The secretary said they would see that everything

was filled out and then try to get the administrator to fill out his portion. I explained the project to them and stressed the importance of the survey questionaire.

11. The administrator was out of town, I talked to the Director of Nurses. She asked many questions, seems sincerely interested and said she felt sure the administrator would cooperate with his portion of the questionaire and she assured me she would too when she had an opportunity.

12. I spoke to the administrator for a short time. He said he had done his part and passed the questionaire to his director. He said he could not say how long it would be before she could complete it. Stating she is terribly busy right now. I did not get the feeling he was extremely interested in the project but he was rather quiet and reserved.

13. Very cooperative, returned questionaire promptly.

14. The administrator suggested he might feel more like returning the questionaire if postage were included.

15. The administrator had the questionaire completed, seemed interested and positive. Had a few questions is now in a shared group.

16. It is this administrator's philosophy that no one gets a free lunch! Someone always has to pay and usually it ends up to be the tax payers. This administrator has only one more month before retirement. He seemed to be a highly intelligent man and very knowledgeable, but emphatic about his feelings about government involvement in many aspects of medicine and health care. He had started to complete the questionaire, and had quit in disgust he said as it required too much time that he needed to spend on other things. He did write his comments in the back at my request and visited very freely with me for 45 minutes or longer. He is taking a vast amount of knowledge with him to his retirement and I left feeling sorry that this could not be passed on to someone else, his successor and other younger administrators. I think he had terrific understanding of the over-all picture of health care--government involvement, both good and bad.

17. This man was upset about the over emphasis being placed on the development of technical vocational schools in Nebraska - the state colleges are going down the drain and their facilities are remaining empty, and the state is pouring money into the vocational schools. He quoted an example of a college trying to set up courses in Medical related areas only to have the funds all go to Vocational Schools. He was thinking that we were trying to set up programs of credit courses rather than continuting education. He said he would complete both the questionaire here and at the college.

18. The administrator had started to fill out our questionaire. She said she thought the prospect of an educational center as close as Platte sounded great. She was very enthusiastic - stated it was a problem to send her nurses to workshops as far away as other cities.

19. I talked to the Director of Nursing, she felt sure that her nurses would be much more willing to attend seminars and workshops offered near by, they often object toward long trips as they all have a family and responsibilities at home.

20. The administrator said he did not receive the questionaire. I left a copy with him and he said he would return it promptly. He indicated that a shared group was working quite well for their in-service.

21. This administrator was quite happy with shared group. They need a good in-service director. Presently an R.N. with no education experience is doing in-service. Orientation program for everyone, hospital in general. In-service from small group being conducted by directors on an individual basis. Best in-service education comes from <u>suppliers</u> (drug people, cleaning products).

22. The administrator's questionaire was not ready, but will mail within the week, the hospital is being expanded but won't expand in terms of number of beds. He seemed very busy and therefore I did not spend a great deal of time with him. His in-service director was not available. They are participating in a shared group. He is very positive about in-service and continuing education and would like to see a CHEC in the area.

23. The administrator was very positive about CHEC and shared groups. Thinks that a city close by would be a good place for CHEC because many of the people in their area identify with a larger city close by. He thinks that CHEC and shared group could work together to strengthen in-service and continuing education.

NURSING HOMES

1. The administrator was not there so I talked to the L.P.N. in charge, and gave her an envelope for the administrator to return his questionaire in. She felt he would cooperate in any way possible.

2. The administrator stated she would be delighted if a center of this type were to be established, especially if it would be in the area. She would be interested in workshops geared to activity directors and workers and to psychiatric aides or care of the psychiatric patient. (for R.N.'s and L.P.N.'s too)

3. The administrator was not in, but I did talk to her sister who was filling in for her. She said she would see to it that the administrator received the envelope to return her questionaire. I did talk to an L.P.N. and she showed me through their new nursing home.

4. This administrator did not hesitate to say he had nothing against any of us personally, but that he did not intend to waste much time filling out the questionaire. He talked at great length about all his educational staff needs but could not see how he could let them off work long enough to attend any meetings. Someone needs to bring the education to the hospitals if it is going to be made available to busy staffs.

5. The administrator was very much in favor of establishmenc of CHEC planned to fill out the questionaire this week.

6. The administrator had his questionaire ready and was very positive and interested.

7. The administrator suggested he might feel more like returning the questionaire if postage were included.

8. I talked to the assistant administrator. She said they would probably be able to get to the questionaire by the end of the week. They were non-profit, but did not belong to the N. P. Organization, they belonged to the N.N.H.A. In a phone call later the administrator said he was not against the project, he wanted to go on record in favor of, but will not be returning the questionaire, he feels their needs are presently met through N.N.H.A.

9. The administrator was wondering if the continuing education established by a CHEC would not be a duplication of N.N.H.A. program. He felt that it might be good to get some of the workshops out of larger cities and into the smaller community as they then might identify more with the needs of the administrators in a smaller home.

10. The administrator had her questionaire completed and I picked it up.

11. This administrator also had his questionaire completed and I picked it up.

12. This administrator had called us to correct our questionaire as to agencies and organizations. He was very cooperative and helpful and wrote his explanations on the comment page.

13. The administrator did not have the questionaire completed and I left an envelope for him.

14. The administrator had not been able to get the questionaire completed, but had started it. I left an envelope.

15. The administrator was not in, was attending a meeting out of town. I talked to the director and explained the project and left another questionaire as she was not sure it had been received.

16. I talked to the director of nursing as the administrator was at a meeting. She was very interested and cooperative. She showed me around their home and said they would complete the questionaire at the earliest possible time.

17. The administrator had been working on the questionaire, but had not gotten it completed. Showed me around their home. Seemed very interested in the project.

18. I talked to the director of nursing - she stated she did almost all of "this type of paper work" as the administrator did not appreciate it. She stated she would complete all of it except his page and try to get him to do that much.

19. The administrator was not in but I talked to the assistant administrator. He found the questionaire in the mail basket so I assume the administrator planned to keep it and complete it. I talked to the assistant about the project. He asked a great many questions. As I was leaving he said that he thought he might be interested in serving on the Board of Directors - my first impression of the man was not very good.

20. The administrator was not in, I spoke to the Director R.N. She said she could speak for the administrator and say that she would definitely complete the questionaire at her earliest convenience. She was enthusiastic and very interested.

21. The administrator was out of town, but the person taking her place and the nurses said they would all work together to get the questionaire completed, but could not promise when it would be done.

23. The administrator was not in, I talked to the Director of Nursing and In-Service Director. She said she wouldn't be surprised if the administrator had already thrown away the questionaire. She said she would fill it out except for his part and ask him to complete that.

24. The administrator had received the questionaire, however, could not locate it. I had another for her and we discussed it. She asked numerous questions about exactly what could this project do for her as an administrator of a Nursing Home. She stated that they had 17 aides ready to be certified and that they had conducted the classes within their own facility as they had not been able to get them set up quickly enough through the public school adult education to qualify for the April 1st dead line for charge aides. She felt that the classes had greatly benefited her aides and that the morale had improved. She stated she would complete the questionaire but wasn't sure how soon she could get to it.

25. The administrator stated he had received the questionaire but there was no evidence of it. He said it must be buried here somewhere and started digging through numerous piles of papers. He did not admit to throwing it away but I'm sure he had. He was an older man who looked like he was past retirment age. He was quite radical about numerous things one being psychiatric patients. He made the comment that everyone would be better off if they were all done away with they were no good to themselves, anyone else or the society as a whole. There is no hope for one to ever recover and they just better not ever ask him to put one in his home. He seemed to be interested in the project but said he hoped if they got this thing going, the workshops would be better than any he'd gone to. He said he tries to go to about one a year. Last years (for administrators) had dealt only with situations in a very large facility and had not been geared to the administrator in the small home in any aspect. I don't know if we will hear from this man, he said he would complete the form - again we'll have to wait and see. I am not too optimistic.

26. The administrator had only received the questionaire yesterday and had not had time to work on it. However, she had already been on the phone with the Director of Nursing about it wondering if this program wouldn't be similar to the one they were now obtaining information from. She was very pleased at the prospect of something available closer. Education seemed important to her and to her staff. She took me on a tour of the facility and seemed proud of the home.

27. The administrator said he thought he had already thrown away the questionaire. He was very emphatic about his dislike for questionaires and education, also, I felt. He did find the questionaire in his mail from yesterday. Stated he was a one-man operation and had no secretary, so he would try to get to it sometime. Stated his director was busy with the end of the month reports, etc. and would not have time to do anything with it for some time. He asked what do you want with us anyway. I explained the project and how it might be of benefit to him. He mellowed somewhat but I will be anxious to read his returned questionaire.

28. I talked to a nurse as the administrator was not in. He plans to return the questionaire to us. Follow-up phone call indicated he would return it.

29. The administrator is very interested in hearing about the project. She stated their In-Service Director was conducting their courses for geriatric and operating very efficiently. She seemed anxious to be of any help possible.

30. The administrator expressed a concern as to the type of health workers the education would be geared to. He was especially interested in seeing some programs developed for non-professionals caring for the aged in nursing homes.

31. The administrator was very cooperative concerning the survey, but was very upset about pressure being exerted on the nursing homes by the state. He realizes most of these rules and regulations come to the state level from Federal requirements. He stated we need some representatives that understand some of the problems and impossible situations these rules and regulations are forcing on the physicians and the hospitals and nursing homes.

32. The administrator had started to fill out the questionaire and had turned it over to her secretary. She seemed interested and very enthusiastic about the project and stated it would be mailed back to us as soon as they were able to complete it.

33. The administrator and her husband had just left on a month vacation. I talked to the director and the women on medical records. They both said they would complete their part of the questionaire and leave the questions the administrator had to answer for her to complete. They were very interested and visited about their nursing home and their present in-service for quite some time.

34. The administrator had told me earlier on the phone that he would not be able to work on the questionaire for a week or so, but I did visit with him about it. He seemed very enthusiastic about the prospect of a center being established. He asked about the selection of a site. Seemed to feel a surrounding county would be an excellent location.

35. The administrator was out of town at a meeting. I talked to her mother, she said they would do their best to complete the questionaire and return it to us. She did not seem to be very willing to discuss the project. I hope the L.P.N. I talked to here will relay the message to the administrator. The L.P.N. asked numerous questions and wrote down additional comments I made about the questionaire and said she would relate them to the administrator.

36. I talked to the administrator who was not too aware of shared groups schedule of a nursing home. He stated that most educational activity is too far away. They would be interested in shared groups for nursing homes. Some of the problems the inservice director indicated were: psychology, public relations aspects, human relations, families of residents and special diets.

37. The administrator was not very positive about in-service and continuing education programs for his personnel, because of two reasons. First, money, he thought money could be better spent on other aspects of the Nursing Home. operation. Second, the great distances his employees would have to travel. Presently all in-service is handled by the Director of Nursing and for non-professional people - salesmen, etc.
I later learned that their board is very stingy concerning in-service and continuing education. I think through low cost/no cost shared group a CHEC programming his attitude could be changed.

38. I talked to the Director of Nursing and the Administrator. They are a non-profit home, but didn't belong to NAHA or AAHA. They would like to participate in in-service and continuing education in this area because it is hard to send people to another town. They also expressed a need for down-to-earth in-service geared to the needs of nursing homes. They stated that the way personnel function in their town are quite different, very much in favor of CHEC.

* 1972
PATIENT ORIGIN
DODGE RESIDENTS IN AND OUT OF DODGE COUNTY

NAME OF FACILITY	TOTAL ADMISSIONS	DODGE COUNTY ADMISSIONS	% DODGE ADMISSIONS
Burt			
Oakland Memorial Hospital	969	53	5.5
Colfax			
Schuyler Memorial Hospital	1,501	120	8.0
Cuming			
St. Francis Memorial Hospital	1,936	377	19.5
Dodge			
Memorial Hospital of Dodge County	3,875	3,171	81.8
Douglas			
Omaha Hospitals	99,075	833	0.8
Lancaster			
Lincoln Hospitals	31,820	74	0.2
Other	-	94	-
TOTAL	-	4,722	-

* Reports based on 1972 Hospital Statistical Report

* 1973
PATIENT ORIGIN
DODGE RESIDENTS IN AND OUT OF DODGE COUNTY

NAME OF FACILITY	TOTAL ADMISSIONS	MADISON COUNTY ADMISSIONS	% MADISON ADMISSION
Burt			
Oakland Memorial Hospital	865	32	3.7
Colfax			
Schuyler Memorial Hospital	1,477	102	6.9
Cuming			
St. Francis Memorial Hospital	518	82	15.8
Dodge			
Memorial Hospital of Dodge County	4,093	3,414	83.4
Douglas			
Omaha Hospitals	104,756	1,264	1.2
Lancaster			
Lincoln Hospitals	34,563	89	0.3
Other	-	74	-
TOTAL	-	5,057	-

* Reports based on 1973 Hospital Statistical Report

* 1972
PATIENT ORIGIN
MADISON RESIDENTS IN AND OUT OF MADISON COUNTY

NAME OF FACILITY	TOTAL ADMISSIONS	MADISON COUNTY ADMISSIONS	% MADISON ADMISSIONS
Antelope			
Antelope Memorial Hospital	1,623	23	1.4
Tilden Community Hospital	772	244	31.6
Boone			
Boone County Community Hospital	2,781	21	0.8
Dodge			
Memorial Hospital of Dodge County	3,875	17	0.4
Douglas			
Omaha Hospitals	99,075	338	0.3
Lancaster			
Lincoln Hospitals	31,820	26	0.1
Madison			
Newman Grove Community Hospital	233	121	51.9
Lutheran Community Hospital	2,989	1,855	62.1
Our Lady of Lourdes Hospital	2,630	1,657	63.0
Other	-	44	-
TOTAL	-	4,346	-

* Reports based on 1972 Hospital Statistical Report

* 1973

PATIENT ORIGIN

MADISON RESIDENTS IN AND OUT OF MADISON COUNTY

NAME OF FACILITY	TOTAL ADMISSIONS	MADISON COUNTY ADMISSIONS	% MADISON ADMISSIONS
Antelope			
Antelope Memorial Hospital	1,681	39	2.3
Tilden Community Hospital	755	218	28.9
Boone			
Boone County Community Hospital	862	37	4.3
Dodge			
Memorial Hospital of Dodge County	4,093	18	0.4
Douglas			
Omaha Hospitals	104,756	473	0.5
Lancaster			
Lincoln Hospitals	34,563	41	0.1
Madison			
Newman Grove Community Hospital	165	103	62.4
Lutheran Community Hospital	2,428	1,528	62.9
Our Lady of Lourdes Hospital	2,709	1,666	61.5
Other	-	142	-
TOTAL	-	4,265	-

* Reports based on 1973 Hospital Statistical Report

*1972

PATIENT ORIGIN

PLATTE RESIDENTS IN AND OUT OF PLATTE COUNTY

NAME OF FACILITY	TOTAL ADMISSIONS	PLATTE COUNTY ADMISSIONS	% PLATTE ADMISSIONS
Boone			
Boone County Community Hosp.	2,781	50	1.8%
Colfax			
Colfax Community Hospital	1,501	40	2.7%
Douglas			
Omaha Hospitals	99,075	980	1.0%
Lancaster			
Lincoln Hospitals	31,820	180	0.6%
Madison			
Newman Grove Community Hospital	233	102	43.8%
Lutheran Community Hospital	2,989	46	1.5%
Our Lady of Lourdes Hospital	2,630	186	7.1%
Nance			
Genoa Community Hospital	681	88	14.7%
Platte			
Behlen Memorial Hospital	3,590	2,790	77.7%
Other	-	28	-
	-	4,490	-

*Projections based on 1972 Hospital Statistical Report

*1973

PATIENT ORIGIN

PLATTE RESIDENTS IN AND OUT OF PLATTE COUNTY

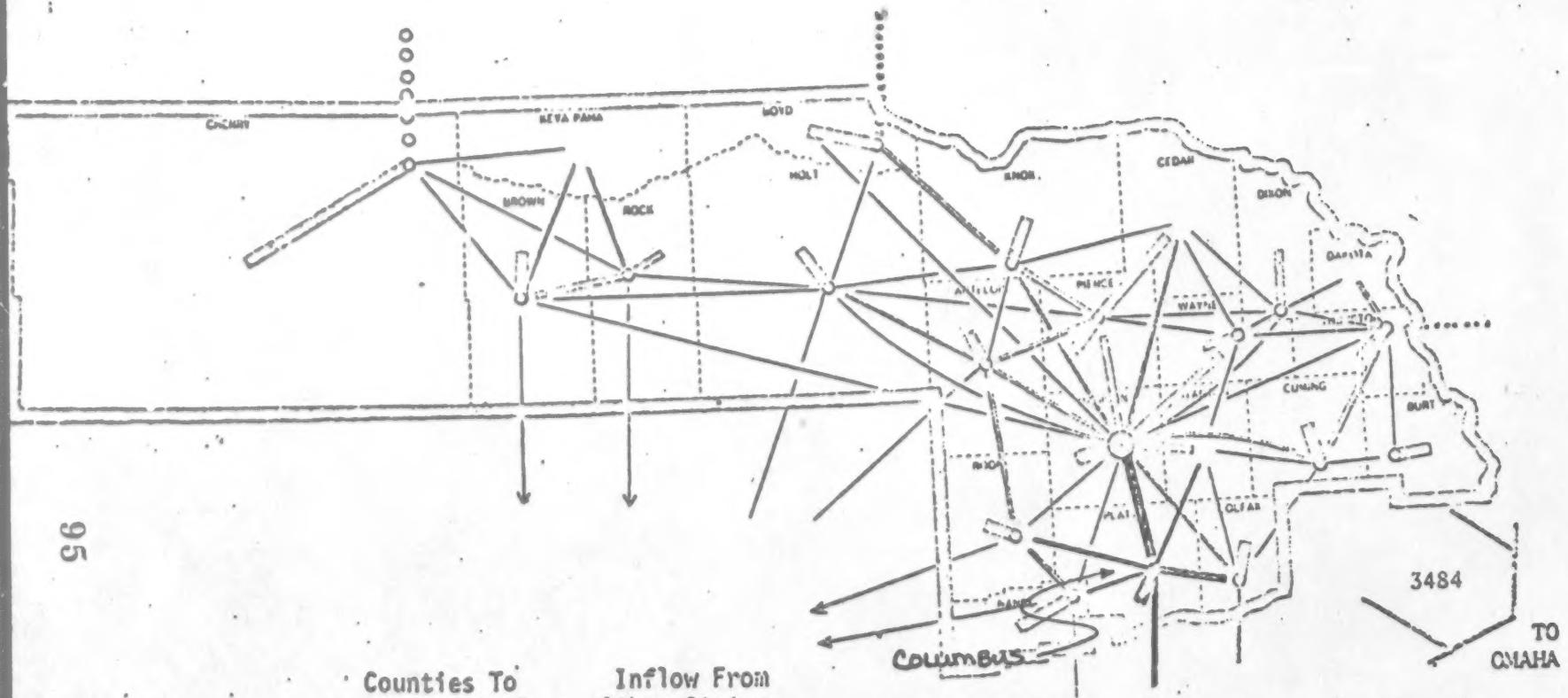
NAME OF FACILITY	TOTAL ADMISSIONS	PLATTE COUNTY ADMISSIONS	%PLATTE ADMISSIONS
Boone			
Boone County Community Hospital	1,140	30	2.7%
Colfax			
Schuyler Community Hospital	1,480	30	2.0%
Douglas			
Omaha Hospitals	92,760	580	0.6%
Lancaster			
Lincoln Hospitals	34,810	110	0.3%
Madison			
Newman Grove Community Hospital	160	50	29.2%
Lutheran Community Hospital	2,750	41	1.5%
Our Lady of Lourdes Hospital	2,460	180	7.2%
Nance			
Genoa Community Hospital	600	80	13.6%
Platte			
Behlen Memorial Hospital	3,770	2,890	76.7%
Other	-	40	-
	-	4,030	-

*Projections based on first three quarterly reports from 1973 LB 1310 Hospital Reports

CHARACTERISTICS OF PATIENT REFERRAL PATTERNS

(BASED ON 1970 PATIENT ORIGIN REPORTS FROM NEBRASKA HOSPITALS)

CHP-E-4
NORTHERN NEB. H.P.C.
(INCLUDING DAKOTA CO.)

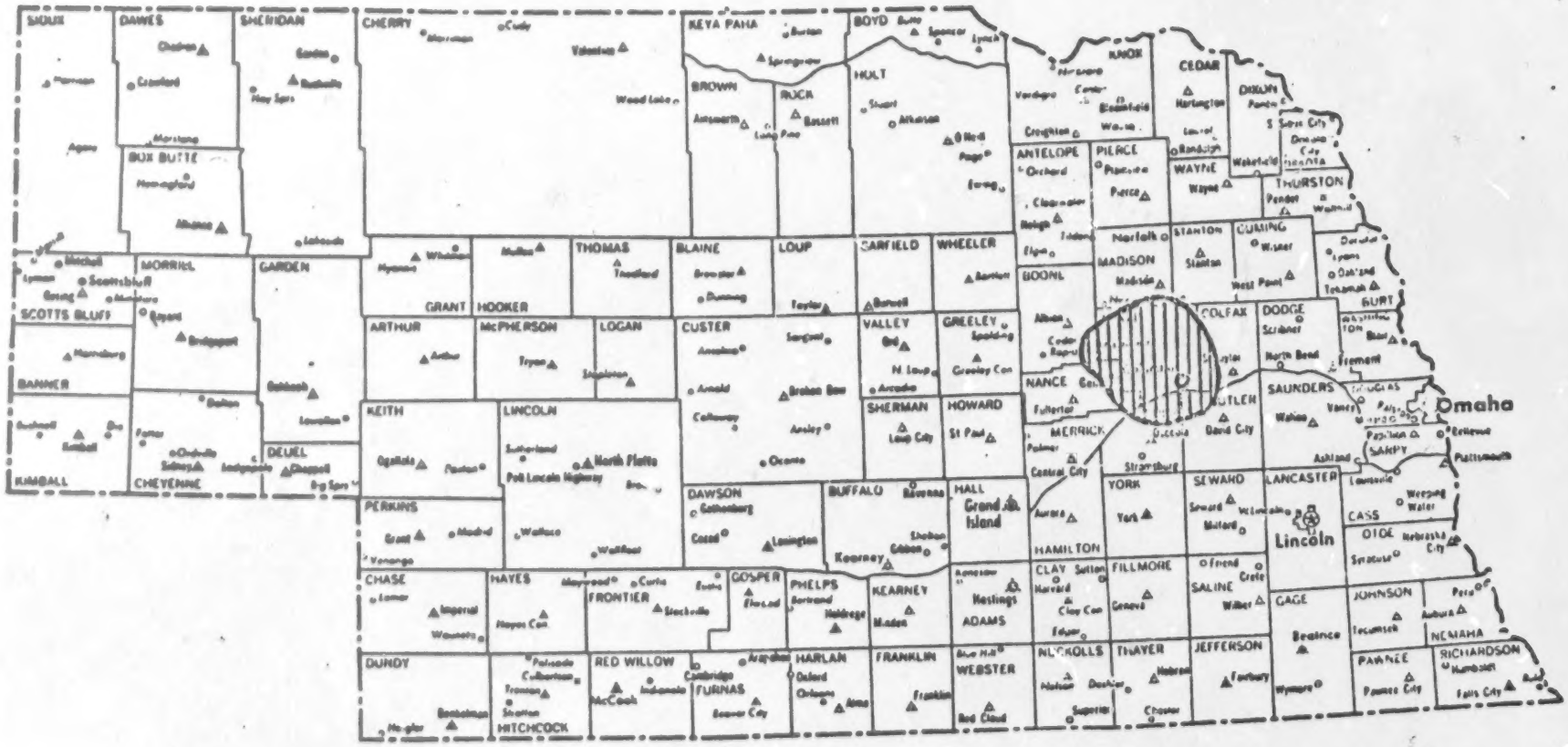


Counties To County Hospitals	Inflow From Other States
0 - 50	
50 - 100	
100-200	
200-500	
500+	

Regional Center
County Hospital
Hospital Inflow
Hospital Outflow

VI.

SERVICE AREA INDICATED BY PATIENT FLOW PATTERNS



HOSPITAL
HEALTH MANPOWER DATA

OCCUPATIONS	Current FT	PT	C	Projected 1977 FT	PT	C
A. Professional						
Accred. Records Technician	9	1	10	9	1	10
Anesthesiologist		1	2		2	2
Anesthetist	10	9	14	11	9	14
Asst. Hospital Administrator	4			5	1	
Dietitian	3	4	15	4	4	15
Director of Nursing	22			22		
Emergency Medical Tech.		5			6	
Hospital Administrators	22			22		
In-Service Director	5	9	4	6	9	4
Lab Technician	23	7	4	23	7	4
Med. Records Librarian	8	4	7	9	4	7
Medical Social Worker	21	4	1	8	5	1
Medical Technologist	34	1	1	35	1	1
Nurses (RN)	160	221		180	231	
Nurses (LPN)	121	52		147	60	
Occupational Therapist	1	2		1	2	
Operating Room Technician	16	6		16	8	
Oral Surgeon	1		2	1		3
Pharmacist	7	3	14	7	3	14
Pathologist	1	1	29	1	1	29
Physicians	76	9	1	84	10	3
Physiotherapist	1	2	8	2	1	8
Psychiatrist	4	1	3	6	1	4
Psychologists	4		6	5		6
Radiologist	3	3	13	3	3	14
Respiratory Therapist	3		1		4	1
Respiratory Technicians	4	5		4	5	
Speech Therapist		1	1		1	2
Traction Technician					1	
X-Ray Technician (Non-Reg)	13	10		13	12	
X-Ray Technologist (Reg)	14	7		14	7	
TOTAL	590	368	136	638	399	142

HOSPITAL
HEALTH MANPOWER DATA
CONTINUED

OCCUPATION	Current FT	PT	C	Projected 1977 FT	PT	C
B. Non-Professional						
Ambulance Attendant						
Candy Strippers		107			107	
Food Service Workers	109	103		131	103	
Gift Shop Managers	2	2		2	2	
Housekeeper Workers	84	39		97	39	
Laundry Workers	43	46		48	46	
Maintenance Workers	63	20		75	11	
Nursing Aides	210	197		235	197	
Orderlies	5	8		12	8	
Volunteer						
TOTAL	516	522		600	513	
C. Clerical						
Accounting	21	5		23	6	
Admissions	17	29		19	29	
Business Office	42	11		42	11	
Clerk of Transcriber	5	2		12	2	
Clerical Staff	17	4		18	2	
Medical Records	22	10		24	10	
Secretaries	16	2		17	2	
Switchboard	11	1		14	1	
Ward Clerks	9	6		16	13	
TOTAL	160	70		185	76	

NURSING HOME
HEALTH MANPOWER DATA

OCCUPATIONS	Current FT	Current PT	Current C	Projected 1977 FT	Projected 1977 PT	Projected 1977 C
A. Professionals						
Assistant Nursing Home Administrator	1	1	1	1	3	2
Assistant Physical Therapist	2	2	4	4	4	4
Audiologist			1			3
Dietary Consultant	1	2	1	1	4	4
Dietitians	6	2	2	9	2	2
Director of Nursing	24	4	2	24	3	2
In-Service Director	7	11	1	12	11	1
Medical Records Librarian	1	3	5	4	4	5
Medical Social Worker			8	4		5
Nurses (RN)	28	19		7	28	21
Nurses (LPN)	41	16		55	42	16
Nurse Consultant			10			16
Nursing Home Administrator	27			37	27	
Occupational Therapist		1	3		2	4
Pharmacy Consultant			26			27
Physical Therapist			15			15
Physicians			60			61
Speech Therapist						
Therapeutic Rec. Specialist	2		1	2		1
TOTAL	140	61	142	160	130	189
B. Non-Professional						
Accounting	9	3	10	11	3	10
Activity Director	14	12	2	14	12	2
Charge Aides (as of 4/1/74)	73	76		123	66	
Clerical Staff	19	4		20	6	
Food Service Workers	102	74		116	77	
Housekeeper Workers	37	34		49	36	
Laundry Workers	35	25		38	27	
Maintenance Workers	19	5		22	6	
Nursing Aides	287	156		297	162	
Orderlies	4	3		9	3	
Secretaries	12			12		
Volunteers		133			188	
TOTAL	611	525	12	711	586	12

APPENDIX H

PROSPECTIVE CHEC BOARD MEMBERS

Gary Bieganski, Administrator
West Holt Memorial Hospital
Atkinson, Nebraska

Don Niaberk, Administrator
Brown County Hospital
Ainsworth, Nebraska

Marian Czapla, R.N.
Genoa Community Hospital
Genoa, Nebraska 68640

Roger A. Nelson, Administrator
Fullerton Memorial Hospital
Fullerton, Nebraska

Helen Knapp
Director of Nurses
Fullerton Memorial Hospital
Fullerton, Nebraska

Sr. Helena, Inservice Director
St. Francis Memorial Hospital
West Point, Nebraska

Donna Carpu, Director of Nursing Service
St. Francis Memorial Hospital
West Point, Nebraska

Anita Kisler, Director of Nurses
Annie Jeffrey Memorial County Hospital
Osceola, Nebraska

Sister Mary Salesia, Director of Nursing
Our Lady of Lourdes Hospital
Norfolk, Nebraska

Dr. R.L. Tollefson, Physician
Wausa, Nebraska

Alice McLeod
Consulting Dietitian
Wausa, Nebraska

Mrs. Helen Hoesing, R.N.
Inservice Director
Memorial Hospital Dodge County
Fremont, Nebraska

Ron Vaca, Public Health Educator
Butler County Health Department
David City, Nebraska

Virginia Watson
House Supervisor & Inservice Director
Lutheran Community Hospital
Norfolk, Nebraska

Nona R. Purcell, R.N., Director of Nursing
Boone County Community Hospital
Albion, Nebraska

Rosalee Eckhoff, R.N., General Duty -
Area Mental Health Coordinator
Boone County Community Hospital
Albion, Nebraska

Roberta Henninger, In-Service Director
Behlen Community Hospital
Columbus, Nebraska

Clarence Cory, Administrator
Behlen Community Hospital
Columbus, Nebraska

Pauline Wallick, Administrator
Clover Lodge
St. Edward; Nebraska

Marion Williamson, R.N.
Mid-Nebraska Lutheran Home
Newman Grove, Nebraska

Don Whitehorn, Administrator
Valley View Lodge
Norfolk, Nebraska

Arthur H. Liebentritt, M.D.
2363 18th Avenue
Columbus, Nebraska

LaDonna Oltmeier, Inservice Director
Parkview Home, Inc.
Dodge, Nebraska

James Grosserode
Pharmacist
Scribner, Nebraska

Jean Waller, R.N., Director of Nursing
Good Samaritan Home
Osceola, Nebraska

J.C. Maly, M.D.
Fullerton, Nebraska

Jerrene Bennett, Director of Nursing
Keahaven, Inc.
Neligh, Nebraska

Dorothy DeVasure, R.N.
Tekamah Senior Citizens Home
Tekamah, Nebraska

Dr. John O'Neal
Clarkson, Nebraska

Elaine Roggenstien
Director of Nursing
Colonial Manor
Clarkson, Nebraska

Jean Gerber, R.N.
1921 7th Street
Columbus, Nebraska

Tom Ernesti
Pharmacist
West Point, Nebraska

Dr. Sucha
West Point, Nebraska

Edith Beyer, R.N.
Stanton Nursing Home
Stanton, Nebraska

APPENDIX I

INSTRUCTIONAL RESOURCE PEOPLE

Helen Slavmaker
Atkinson, Nebraska

Dr. J.R. Ramsey, M.D.
Atkinson, Nebraska

Greta Koopman
Schuyler, Nebraska

Norma James, R.N.
Consultant - In-Service Director
Osmond, Nebraska

Alice McLeod
Consultant - Dietitian
Osmond, Nebraska

Mark Pfeil
Consultant-Physical Therapist
Osmond, Nebraska

Ron Vaca
Public Health Educator
David City, Nebraska

Sr. Esther Marie
St. Joseph Villa
David City, Nebraska

Ken Johnson
Physical Therapy
Columbus, Nebraska

Jack L. McCormick
Respiratory Therapy
Grand Island Oxygen Supply
Grand Island, Nebraska

JoEllen Vrbka
Inservice Director
CPR Basic Life Support

Fred Brown
Memorial Hospital
Fremont, Nebraska

Dr. Bergman
Memorial Hospital
Fremont, Nebraska

Roberta Henninger
Columbus, Nebraska

Orval Cooley, Pharmacist
Columbus, Nebraska

Jack Bullington
Accountant
Columbus, Nebraska

Evangeline Schlecht
A.R.R.T - Radiology
Columbus, Nebraska

Mildred Gengenbach
Patient Services
Columbus, Nebraska

Dr. E. W. Carlson
Newman Grove, Nebraska

Marion Williamson, R.N.
Newman Grove, Nebraska

Eunice Barton, R.N.
Newman Grove, Nebraska

Lloyd Welburn
Pharmacist
Newman Grove, Nebraska

John Bennett
Physical Therapist
Norfolk, Nebraska

Ruth Kripal, R.N.
Columbus, Nebraska

Marjorie Foreman, Dietician
Columbus, Nebraska

Larry Pochup
Fire Inspector
Columbus, Nebraska

Marvin Nelson
Fireman
Columbus, Nebraska

Ken Johnson
Physical Therapist
Columbus, Nebraska

Edna Rodgers
Activities Director
Columbus, Nebraska

LaDonna Oltmeier
Dodge, Nebraska

Elsie Ondracek
Dodge, Nebraska

Helen Uhen
Dodge, Nebraska

Donna Uhen
Dodge, Nebraska

Esther Srb
Dodge, Nebraska

Loretta Wisnieski
Dodge, Nebraska

Jane Branzovski, R.N.
Hooper, Nebraska

Natalie Ksiazek, R.N.
Fullerton, Nebraska

Rose Nathan, L.P.N.
Fullerton, Nebraska

Marge Suehla, R.N.
Clarkson, Nebraska

Ruth Ann Vogel, R.N.
Stanton, Nebraska

John Bennett
Stanton, Nebraska

Ron Briggs
Stanton, Nebraska

Mrs. Monson
Stanton, Nebraska